LAPORAN TAHUNAN **2021** *ANNUAL REPORT*

PT PERTAMINA BINA MEDIKA IHC
RSPP Gedung H Lantai 6
Jl. Kyaimaja No. 43 Kebayoran Baru,
Jakarta Selatan 12120
DKI Jakarta, Indonesia

P : (021) 7219001 / (021) 7219299
E : info.pbmihc@pertamedika.co.id

www.pertamedika.co.id

NAVIGATING TRANSFORMATION TOWARDS NATIONAL HEALTH RESILLIENCE

LAPORAN TAHUNAN
ANNUAL REPORT **2021**

PERTAMEDIKA
PERTAMINA BINA MEDIKA

IHC
Indonesia Healthcare Corporation

NAVIGATING TRANSFORMATION
TOWARDS NATIONAL HEALTH RESILLIENCE

Navigasi Transformasi Menuju Ketahanan Kesehatan Nasional

LAPORAN TAHUNAN **2021** *ANNUAL REPORT*

Con tent.

Daftar Isi

Tema Laporan Tahunan 2021 — 2
2021 Annual Report Theme
Sanggahan dan Batasan Tanggung Jawab — 3
Disclaimer
Pencapaian Pertamedika IHC di Tahun 2021 — 4
Achievement of Pertamedika IHC in 2021

Kilas Kinerja 2021
2021 Performance Highlights

Ikhtisar Kinerja Keuangan — 8
Financial Performance Highlights
Grafik Kinerja Keuangan — 10
Financial Performance Chart
Ikhtisar Kinerja Operasional — 11
Operational Performance Highlights
Grafik Kinerja Operasional — 12
Charts of Operational Performance
Informasi Saham — 13
Information on Shares
Informasi Obligasi dan/atau Sukuk — 13
Information on Bonds and/or Sukuk
Penghargaan dan Sertifikasi — 14
Awards and Certifications
Peristiwa Penting — 16
Event Highlights

Laporan Manajemen
Management Report

Laporan Dewan Komisaris — 20
Board of Commissioners' Report
Laporan Direksi — 26
Board of Directors' Report

Profil Perusahaan
Company Profile

Identitas Perusahaan — 38
Company Identity
Riwayat Singkat Perusahaan — 40
Brief History of the Company
Jejak Langkah — 44
Milestone
Visi, Misi, dan Nilai Perusahaan — 46
Vision, Mission, and Corporate Values
Bidang Usaha — 48
Lines of Business
Wilayah Operasional — 54
Operational Area
Struktur Organisasi — 56
Organization Structure
Struktur Manajemen Korporat Organisasi — 58
Organizational Corporate Management Structure
Profil Dewan Komisaris — 60
Board of Commissioners Profile
Profil Direksi — 65
Board of Directors Profile
Daftar Keanggotaan Asosiasi — 72
List of Association Membership
Komposisi Pemegang Saham — 72
Shareholder Composition
Komposisi kepemilikan saham — 73
Shareholder Composition
Kronologi Penerbitan Saham — 73
Share Listing Chronology
Kronologi Pencatatan Efek Lainnya — 73
Other Securities Listing Chronology
Struktur Grup Perusahaan — 74
Group Structure
Unit Bisnis Perusahaan — 75
Company Business Unit
Daftar Entitas Anak dan/atau Entitas Asosiasi — 92
List of Subsidiary and/or Associate
Lembaga dan Profesi Penunjang Perusahaan — 96
Supporting Institutions and Profesionals

Tinjauan Pendukung Bisnis
Overview on Supporting Business Unit

Sumber Daya Manusia — 100
Human Capital
Teknologi Informasi — 138
Information Technology
Mutu Layanan — 147
Service Quality

Analisis dan Pembahasan Manajemen
Management Discussion and Analysis

Tinjauan Umum — 175
General Overview
Strategi Usaha 2021 — 177
2021 Business Strategy
Tinjauan Operasi Per Segmen Usaha — 178
Operational Overview per Business Segment
Kinerja Entitas Anak — 183
Performance of Subsidiary
Tinjauan Keuangan — 199
Financial Review
Laporan Keuangan Konsolidasian — 200
Consolidated Statement of Financial Position
Laporan Laba (Rugi) dan Penghasilan Komprehensif Lain Konsolidasian — 209
Consolidated Statement of Profit or Loss and Other Comprehensive Income
Laporan Arus Kas Konsolidasian — 212
Consolidated Statements of Cash Flows
Analisis Kemampuan Membayar Utang, Kolektibilitas Piutang, dan Rasio Keuangan Lainnya — 214
Analysis of Solvency, Collectability, and Other Financial Ratios
Struktur Modal dan Kebijakan Manajemen Atas Struktur Modal — 216
Capital Structure and Management Policy on Capital Structure
Informasi Ikatan Material Untuk Investasi Barang Modal — 217
Information on Material Bonds for Capital Goods Investment
Informasi Realisasi Investasi Barang Modal Tahun 2021 — 218
Information on Investment Realization of Capital Goods in 2021
Perbandingan Antara Proyeksi dan Realisasi Tahun 2021 — 218
Comparison Between Projection and Realization in 2021
Proyeksi Tahun 2022 — 221
2022 Projections

Informasi dan Fakta Material yang Terjadi Setelah Tanggal Laporan Akuntan 223
Material Information and Facts Subsequent to The Accountant's Report Date
Prospek Usaha 223
Business Outlook
Aspek Pemasaran 231
Marketing Aspect
Kebijakan Dividen 234
Dividend Policy
Kontribusi Terhadap Negara 234
Contribution To the Country
Program Kepemilikan Saham Karyawan dan/atau Manajemen (ESOP/MSOP) 235
Employee and/or Management Stock Option Program (ESOP/MSOP)
Realisasi Dana Hasil Penawaran Umum 235
Realization of Proceeds from the Public Offering
Informasi Transaksi Material yang Mengandung Benturan Kepentingan dan/atau Dengan Pihak Afiliasi/Berelasi 235
Information on Material Transactions Containing Conflict of Interest and/or With Affiliated/Related Parties
Informasi Material Terkait Investasi, Ekspansi, DIvestasi, Penggabungan/Peleburan Usaha, Akuisisi dan Restrukturisasi Utang/Modal 239
Material Information on Investment, Expansion, Divestment, Merger/Consolidation, Acquisition, And Debt/Capital Restructuring
Perubahan Peraturan yang Signifikan dan Dampaknya Terhadap Perusahaan 240
Significant Changes in the Laws and Regulations and Its Impacts on the Company
Perubahan Kebijakan Akuntansi 240
Changes in Accounting Policy
Kelangsungan Usaha 240
Business Continuity
Rencana Jangka Panjang Perusahaan 244
Long-Term Plan of the Company

Tata Kelola Perusahaan

Good Corporate Governance

Komitmen dan Tujuan Penerapan GCG 249
Commitment and Objective of GCG Implementation
Dasar Hukum Penerapan GCG 250
Legal Basis of GCG Implementation
Prinsip GCG dan Pedoman Pelaksanaannya 250
GCG Principles and Code of Corporate Governance in the Company
Roadmap GCG Pertamedika IHC 252
Pertamedika IHC GCG Roadmap
Pengembangan Kualitas GCG Tahun 2021 253
GCG Quality Development in 2021
Struktur GCG 261
GCG Structure
Rapat Umum Pemegang Saham (RUPS) 262
General Meeting of Shareholders (GMS)
Dewan Komisaris 267
Board of Commissioners
Komisaris Independen 274
Independent Commissioner
Direksi 282
Board of Directors
Sekretaris Perusahaan 299
Corporate Secretary
Komite Audit 302
Audit Committee
Komite Manajemen Risiko 305
Risk Management Committee
Komite Investasi 307
Investment Committee
Komite Nominasi & Remunerasi 310
Nomination & Remuneration Committee
Penilaian Kinerja Komite 313
Committee Performance Assessment
Hubungan Afiliasi Direksi dan Dewan Komisaris 314
Board of Directors and Board of Commissioners Affiliations
Internal Audit 315
Internal Audit
Sistem Pengendalian Internal 322
Internal Control System
Manajemen Risiko 324
Risk Management
Perkara Hukum dan Sanksi Administratif 330
Legal Cases and Administrative Sanctions
Kode Etik 331
Code of Conduct
Budaya Perusahaan 334
Corporate Culture
Sistem Pelaporan Pelanggaran 335
Whistleblowing System

Tanggung Jawab Perusahaan

Corporate Social Responsibility

Pedoman dan Dasar Hukum Pelaksanaan 341
Guidelines and Legal Basis for Implementation
Tata Kelola Tanggung Jawab Sosial dan Lingkungan Perusahaan 341
Corporate Social and Environmental Responsibility Governance
Pendekatan Holistik Terintegrasi Dalam Pelaksanaan TJSL 345
Holistic Integrated Approach in the TJSL Implementation
Manfaat TJSL 345
TJSL Benefits
Garis Besar Pelaksanaan Program TJSL Berdasarkan Sifatnya 347
Outline of the Implementation of the TJSL Program by Its Nature
Tanggung Jawab Perusahaan Terkait Hak Asasi Manusia 349
Corporate Responsibilities Regarding Human Rights
Tanggung Jawab Perusahaan Terkait Operasi yang Adil 353
Corporate Responsibilities Regarding Fair Operations
Tanggung Jawab Perusahaan Terkait Lingkungan Hidup 353
Corporate Responsibilities on the Environment
Tanggung Jawab Perusahaan Terkait Keselamatan dan Kesehatan Kerja (K3) 355
Corporate Responsibility on Occupational Health and Safety (OHS)
Tanggung Jawab Perusahaan Terkait Pengembangan Sosial Kemasyarakatan 359
Corporate Responsibility on Social Community Development
Tanggung Jawab Perusahaan Terkait Perlindungan Konsumen 361
Corporate Responsibility on Consumer Protection

Surat Pernyataan Dewan Komisaris Tentang Tanggung Jawab Atas Laporan Tahunan 2021 PT Pertamina Bina Medika IHC 366
Responsibility Statement of Board of Commissioners Regarding PT Pertamina Bina Medika IHC 2021 Annual Report
Surat Pernyataan Direksi Tentang Tanggung Jawab Atas Laporan Tahunan 2021 PT Pertamina Bina Medika IHC 367
Responsibility Statement of Board of Directors Regarding PT Pertamina Bina Medika IHC 2021 Annual Report

Laporan Keuangan

Financial Report

TEMA LAPORAN TAHUNAN 2021

2021 Annual Report Theme

SANGGAHAN DAN BATASAN TANGGUNG JAWAB

Disclaimer

Laporan Tahunan ini memuat pernyataan kondisi keuangan, hasil kegiatan operasional, proyeksi usaha yang ditampilkan dalam bab analisis dan pembahasan manajemen, rencana, strategi, kebijakan serta tujuan Perusahaan, yang digolongkan sebagai pernyataan ke depan dalam pelaksanaan peraturan perundang-undangan yang berlaku, kecuali hal-hal yang bersifat historis.

This annual report contains financial conditions, operation results, business projections presented in the chapter of management discussion and analysis, plans, strategies, policies, as well as the Company's objectives, classified as forward-looking statements in the implementation of the prevailing laws, excluding historical matters.

Pernyataan-pernyataan tersebut memiliki prospek risiko, ketidakpastian, serta dapat mengakibatkan perkembangan aktual secara material berbeda dari yang dilaporkan. Pernyataan-pernyataan prospektif dalam Laporan Tahunan Perusahaan 2021 dibuat berdasarkan berbagai asumsi mengenai kondisi terkini dan kondisi mendatang serta lingkungan bisnis yang relevan dengan kegiatan usaha Perseroan. Kami tidak menjamin adanya hasil tertentu yang pasti tercapai berdasarkan informasi yang disajikan.

Such forward-looking statements are subject to known and unknown risks (prospective), uncertainties, and other factors which can cause actual results to differ materially from expected results. Prospective statements in this annual report are prepared based on numerous assumptions concerning current conditions and future events of the Company, and the business environment where the Company conducts business. The Company shall have no obligation to guarantee that all valid documents presented will bring specific results as expected.

Laporan tahunan ini memuat kata "Perseroan" yang didefinisikan sebagai PT Pertamina Bina Medika IHC yang menjalankan bisnis di bidang jasa layanan kesehatan. Adakalanya kata "Pertamedika IHC", "Perusahaan", dan "kami" juga digunakan atas dasar kemudahan untuk menyebut PT Pertamina Bina Medika IHC secara umum.

This annual report contains the word "Company" which, hereinafter, shall be referred to as PT Pertamina Bina Medika IHC, a company that runs business in the field of healthcare services. The words "Pertamedika IHC", "Company", and "our/us" are at times used to simply refer to PT Pertamina Bina Medika IHC in general.

PENCAPAIAN PERTAMEDIKA IHC DI TAHUN 2021

Achievement of Pertamedika IHC in 2021

Penambahan RS KSO yaitu RS Ukrida, RS Haji dan RS Syafira

Addition of KSO hospitals, namely Ukrida Hospital, Haji Hospital, and Syafira Hospital

Pembangunan RS khusus Covid yaitu RS Pertamina Tanjung Duren yang dikelola oleh PT RS Pelni

Construction of Covid-specialized Hospital, namely the Pertamina Tanjung Duren Hospital manage by PT RS Pelni

Launching One Brand
One Brand Launching

Pelaksanaan program transformasi
Implementation of transformation programs

01

KILAS KINERJA 2021

2021 Performance Highlights

PHILIPS
L6160
EPSON

IKHTISAR KINERJA KEUANGAN
Financial Performance Highlights

Kinerja keuangan tahun 2021 mengalami peningkatan yang cukup signifikan dibandingkan tahun sebelumnya dikarenakan mulai berjalannya sinergi antar anak perusahaan Pertamina grup dengan layanan klinik *on-site* serta mulai dibukanya layanan BPJS di RS Pusat Pertamina secara luas yang menyebabkan meningkatnya pendapatan usaha. Selain itu, kondisi pandemi COVID-19 sempat memengaruhi kinerja Perusahaan secara signifikan di beberapa bulan awal pandemi dialami di Indonesia. Namun demikian, perusahaan terus melakukan upaya perbaikan untuk meningkatkan kinerja, melalui upaya efisiensi dan strategi peningkatan pendapatan perusahaan serta optimalisasi sumber daya agar perusahaan dapat mencapai kinerja di tahun 2021.

Financial performance in 2021 experienced a significant increase compared to the previous year due to the commencement of synergies between Pertamina group subsidiaries with on-site clinic services and the opening of BPJS services at Pertamina Central Hospital which led to increased revenues. In addition, the COVID-19 pandemic had a significant impact on the Company's performance in the early months of the pandemic in Indonesia. However, the Company continues to make improvement efforts to improve performance, through efficiency efforts and strategies to increase company revenues and optimize resources so that the Company can achieve performance in 2021.

Selama tahun 2021, Pertamedika mencatatkan pendapatan usaha sebesar Rp6.687 Miliar atau 102,24% lebih tinggi dari RKAP 2021 Revisi. Realisasi pendapatan tahun 2021 Unaudited melebihi target RKAP dan meningkat dibanding pencapaian tahun sebelumnya. Kelompok Pendapatan yang belum tercapai adalah Pihak Ketiga Jaminan, sementara untuk pendapatan Pertamina Aktif, Anak Perusahaan Pertamina, Pensiunan dan Pihak Ketiga Tunai sudah melebihi dari target revisi dikarenakan masih adanya pasien Covid yang ditagihkan ke Kemenkes melalui BPJS dan peningkatan pasien Non Covid.

Revenues of Pertamedika in 2021 amounted to Rp6,687 billion or 102.24% higher than the Revised 2021 RKAP. Unaudited revenue realization in 2021 exceeded the RKAP target and increased compared to the previous year's achievement. The income group that has not been achieved is Third Party Guarantees, while the income for Pertamina Aktif, Pertamina Subsidiaries, Pensioners and Cash Third Parties has exceeded the revised target due to the presence of Covid patients billed to the Ministry of Health through BPJS and an increase in Non-Covid patients.

(dalam jutaan Rupiah) (in millions of rupiah)

Uraian / Description	2021	2020	2019
Laporan Posisi Keuangan Konsolidasian / Consolidated Statement of Financial Position			
Aset Lancar / Current Assets	4.388.690	2.884.760	1.898.687
Aset Tidak Lancar / Non-Current Assets	3.059.669	2.948.571	2.670.243
Total Aset / Total Assets	**7.448.359**	**5.833.331**	**4.568.930**
Liabilitas Jangka Pendek / Current Liabilities	2.437.005	2.152.314	1.512.224
Liabilitas Jangka Panjang / Non-Current Liabilities	1.180.063	832.971	916.100
Total Liabilitas / Total Liabilities	**3.617.068**	**2.985.285**	**2.428.324**
Total Ekuitas / Total Equity	**3.831.291**	**2.848.046**	**2.140.606**
Investasi pada Entitas Asosiasi / Investment in Associate Entities	-	-	-

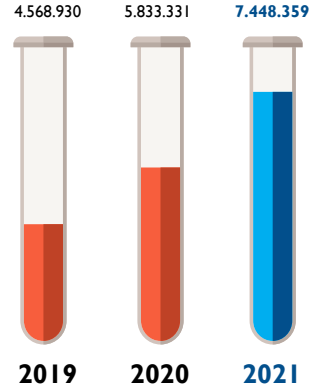
IKHTISAR KINERJA KEUANGAN
Financial Performance Highlights

Uraian / Description	2021	2020	2019
Laporan Laba Rugi dan Penghasilan Komprehensif / Statement of Comprehensive Profit or Loss			
Pendapatan / Revenues	6.834.474	5.283.921	4.340.080
Beban Operasi / Operating Expenses	(5.794.052)	(4.960.494)	(4.304.846)
Laba Bruto / Gross Profit	1.040.422	323.427	35.234
Pendapatan Keuangan / Financial Income	34.298	30.048	11.901
Pendapatan Lain-Lain, Neto / Other Income, Net	34.496	58.292	32.487
Laba (Rugi) Sebelum Beban Pajak Penghasilan / Profit (Loss) Before Income Tax Expense	1.061.016	411.767	32.487
Beban Pajak Penghasilan / Income Tax Expense	(214.989)	(122.435)	79.622
EBITDA	1.336.942	679.683	102.428
Total penghasilan komprehensif lainnya sebelum efek penyesuaian entitas penggabungan / Total other comprehensive income before the effect of adjustment of the mergering entity	931.676	222.025	35.568
Total Laba sebelum efek dari penyesuaian entitas penggabungan / Net income before the effect of mergering entities' income adjustment	846.027	273.612	45.278
Laporan Arus Konsolidasian / Consolidated Statement of Cash Flows			
Arus Kas Bersih yang Diperoleh Dari (Digunakan Untuk) Aktivitas Operasi / Net Cash Flows Provided by (used in) Operating Activities	1.843.283	1.399.023	1.301.600
Arus Kas Bersih yang Diperoleh Dari (Digunakan Untuk) Dari Aktivitas Investasi / Net Cash Flows Provided by (used in) Investing Activities	(294.801)	(1.786.862)	(714.395)
Arus kas bersih yang diperoleh dari (digunakan untuk) aktivitas pendanaan / Net cash flows provided by (used in) financing activities	(86.100)	1.211.881	(504.974)
Kas dan Setara Kas Pada Awal Tahun / Cash and cash equivalents at beginning of the year	1.229.294	405.252	323.021
Kas dan Setara Kas Pada Akhir Tahun / Cash and cash equivalents at end of the year	2.691.676	1.229.294	405.252
Rasio Keuangan / Financial Ratios			
Imbalan Kepada Pemegang Saham / Return to Shareholders	27,69	9,25	5,21
Imbalan Investasi / Return on Investment	19,01	11,75	6,55
Margin Laba Operasi / Operating Profit Margin	15,22	6,10	1,93
Margin EBITDA / EBITDA Margin	20,00	14,10	7,08
Margin Laba Bersih / Net Profit Margin	10,13	4,47	3,13
Rasio Kas / Cash Ratio	112,01	57,35	55,23
Rasio Lancar / Current Ratio	182,35	134,03	172,39
Perputaran Piutang (hari) / Receivables turnover (day)	50,05	49,63	72,25
Perputaran Persediaan (hari) / Inventory Turnover (day)	5,39	10,61	9,35
Rasio Perputaran Total Aset / Total Asset Turnover	94,32	94,58	95,03
Ekuitas Terhadap Total Aset / Equity to Total Assets	51,87	48,82	58,84

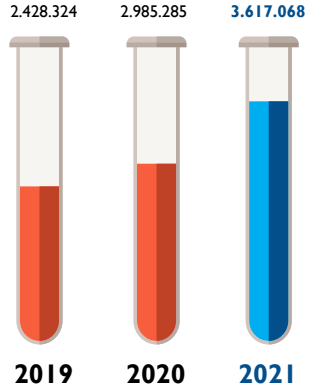
GRAFIK KINERJA KEUANGAN

Financial Performance Chart

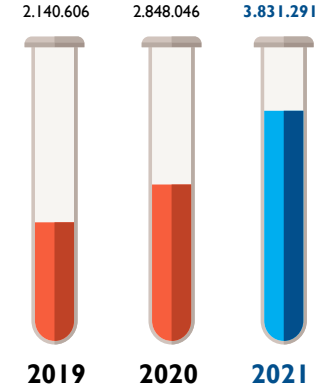
Total Aset
Total Assets
(dalam jutaan Rupiah / in million Rupiah)



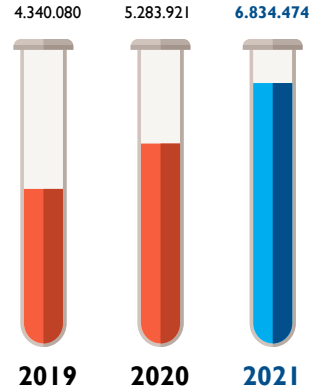
Total Liabilitas
Total Liabilities
(dalam jutaan Rupiah / in million Rupiah)



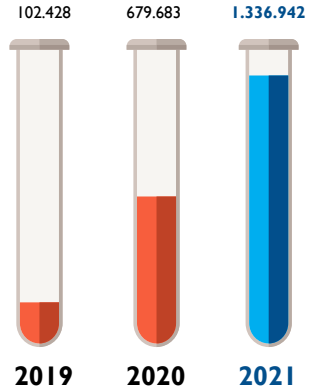
Total Ekuitas
Total Equity
(dalam jutaan Rupiah / in million Rupiah)



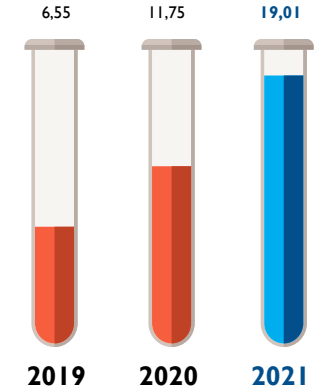
Pendapatan
Revenues
(dalam jutaan Rupiah / in million Rupiah)



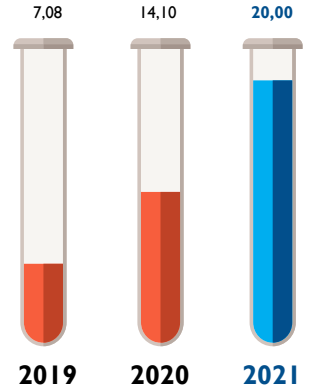
EBITDA
EBITDA
(dalam jutaan Rupiah / in million Rupiah)



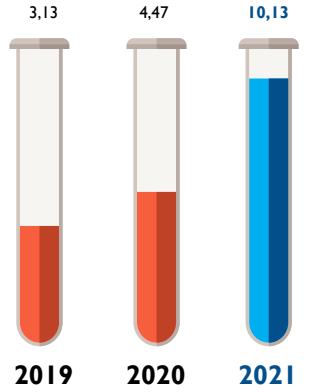
Imbalan Investasi
Return on Investments
(dalam % / in %)



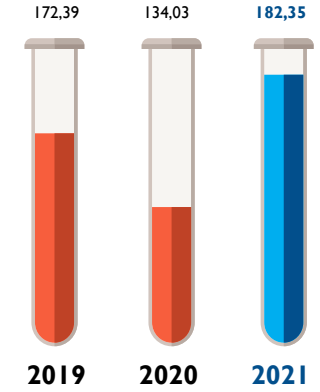
Margin EBITDA
EBITDA Margin
(dalam % / in %)



Margin Laba Bersih
Net Profit Margin
(dalam % / in %)



Rasio Lancar
Current Ratio
(dalam % / in %)



IKHTISAR KINERJA OPERASIONAL

Operational Performance Highlights

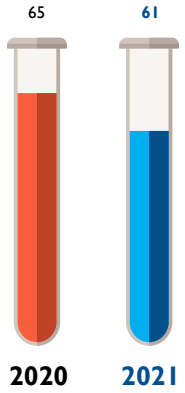
Uraian / Description	2021	2020
Rawat Inap / Inpatient		
Jumlah Tempat Tidur / Number of Beds	4.632	4.407
Jumlah Hari Perawatan / Number of Treatment Days	1.012.001	1.044.962
Bed Occupancy Ratio (BOR)	61%	65%
Bed Turn Over (BTO)	51,3x	54x
Turn Over Internal (TOI)	2,8 hari / day	3,2 hari / day
Average Length of Stay (Avg. LoS)	4,7 hari / day	4,5 hari / day
Jumlah Kunjungan Rawat Inap / Number of Inpatient Visits	242.967	235.022
Kunjungan Rawat Inap Pihak Ketiga / Number of Third Party Inpatient Visits	32.382	77.631
Rawat Jalan / Outpatient		
Jumlah Kunjungan Rawat Jalan / Number of Outpatient Visits	5.844.218	4.024.666
Kunjungan Rawat Jalan Pihak Ketiga / Number of Third Party Outpatient Visits	2.676.900	1.804.870
Penunjang Medis / Medical Support		
Jumlah Kunjungan Penunjang Medis / Number of Medical Support Visits	9.604.802	5.776.739

GRAFIK KINERJA OPERASIONAL

Charts of Operational Performance

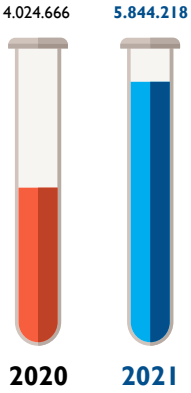
Bed Occupancy Ratio (BOR)

(dalam jutaan Rupiah / in million Rupiah)



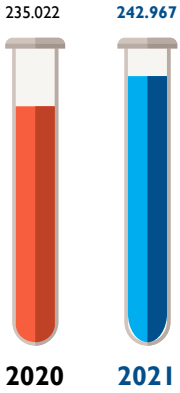
Jumlah Kunjungan Rawat Jalan

Number of Outpatient Visits



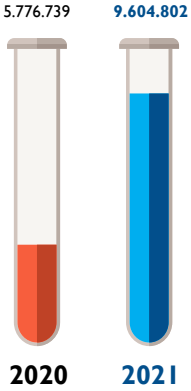
Jumlah Kunjungan Rawat Inap

Number of Inpatient Visits



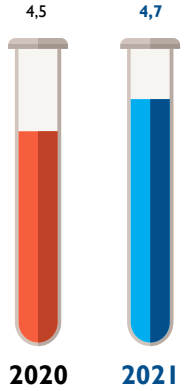
Jumlah Kunjungan Penunjang Medis

Number of Medical Support Visits



Average Length of Stay (AvLOS)

(dalam hari / in day)



INFORMASI SAHAM
Information on Shares

Per 31 Desember 2021, Perusahaan belum mencatatkan saham di bursa efek manapun, sehingga informasi mengenai saham tidak relevan untuk diungkapkan.

As of December 31, 2021, the Company has not listed its shares on any stock exchanges. Hence, there is no information on shares to be disclosed.

INFORMASI OBLIGASI DAN/ATAU SUKUK
Information on Bonds and/or Sukuk

Per 31 Desember 2021, Perusahaan belum mencatatkan efek selain saham di bursa efek manapun, sehingga informasi mengenai pencatatan efek lainnya tidak relevan untuk diungkapkan.

As of December 31, 2021, the Company has not listed securities on any stock exchanges. Hence, there is no information on other relevant securities listing to be disclosed.

PENGHARGAAN DAN SERTIFIKASI

Awards and Certifications

PENGHARGAAN / AWARDS

Penghargaan / Awards	**Penyelenggara** / Organizer	**Tanggal** / Date
Best Merchant kategori *Hospital* / Best Merchant for Hospital category	BRI Merchant Award 2021	26 Februari 2021 / February 26, 2021
The Highest Synergy Value Growth 2020 untuk kategori *Portfolio Customer* / The Highest Synergy Value Growth 2020 for Portfolio Customer category	PT Pertamina (Persero)	4 Maret 2021 / March 4, 2021
The Highest Synergy Value Growth 2020 untuk kategori *Provider* / The Highest Synergy Value Growth 2020 for Provider category	PT Pertamina (Persero)	4 Maret 2021 / March 4, 2021
BUMN Marketeers Award 2021: • *The Most Promising Company in Strategic Marketing* • *The Most Promising Company in Marketing 3.0* • *Best of The Best* - Kategori Anak Perusahaan / Best of The Best – Subsidiary Category • *CMO of The Year* (Anak Perusahaan BUMN) – dr. Fathema Djan Rachmat	MarkPlus	9 September 2021 / September 9, 2021
Marketeers Omni Brands 2021	MarkPlus	9 Desember 2021 / December 9, 2021
Markplus Conference 2022 untuk Direktur Utama: • *Best of The Best Marketeers of The Year Indonesia 2021* • *The Best Industry Marketing Champion 2021 category Hospital Sector*	MarkPlus	15 Desember 2021 / December 15, 2021
Progressive Corporate Action of The Year	Majalah Marketeers / Marketeers Magazine	17 Desember 2021 / December 17, 2021
Highly Reputable SOE Subsidiary in Health Category	The Iconomics	21 Desember 2021 / December 21, 2021
TOP *Digital Award* 2021: • *TOP Digital on Integrated Health Services Solutions* 2021 • *TOP Leader on Digital Implementation – CEO Pertamedika IHC* • *TOP Digital Implementation* 2021 dengan predikat *Level Stars 4*	Majalah IT WORKS / IT WORKS Magazine	9 September 2021 / September 9, 2021

SERTIFIKASI / CERTIFICATIONS

Sertifikasi / Certification	**Lembaga Penerbit** / Issued By
Sertifikasi Akreditasi Rumah Sakit dengan Lulus Tingkat "PERDANA" / Hospital Accreditation Certificate with "PERDANA" Rating • RS Pertamina Rantau (31 Desember 2018 – 18 Desember 2021) / RS Pertamina Rantau (December 31, 2018 – December 18, 2021) • RS Pertamina Balongan (31 Desember 2018 – 19 Desember 2021) / RS Pertamina Balongan (December 31, 2018 – December 19, 2021) • RS Pertamina Dumai (31 Desember 2018 – 25 Desember 2021) / RS Pertamina Dumai (December 31, 2018 – December 25, 2021)	Komite Akreditasi Rumah Sakit (KARS) / Hospital Accreditation Committee (KARS)
Sertifikasi Akreditasi Rumah Sakit dengan Lulus Tingkat "PARIPURNA" / Hospital Accreditation Certificate with "PARIPURNA" Rating • RS Pertamina Cilacap (24 Juli 2019 – 23 Juli 2022) / RS Pertamina Cilacap (July 24, 2019 – July 23, 2022) • RS Pertamina Balikpapan (5 September 2019 – 4 September 2022) / RS Pertamina Balikpapan (September 5, 2019 – September 4, 2022) • RS Pertamina Cirebon (26 Oktober 2019 – 25 Oktober 2022) / RS Pertamina Cirebon (26 Oct 2019 – 25 October 2022)	Standar Akreditasi Rumah Sakit (SNARS) Edisi 1 / Hospital Accreditation Standards (SNARS) Edition 1
Sertifikasi Akreditasi Rumah Sakit dengan Lulus Tingkat "UTAMA" / Hospital Accreditation Certificate with "UTAMA" Rating • RS Pertamina Jaya (28 September 2019 – 27 September 2022) / ISO 9001: 2015 dan ISO 37001: 2016 Certification	Standar Akreditasi Rumah Sakit (SNARS) Edisi 1 / Hospital Accreditation Standards (SNARS) Edition 1
Sertifikasi ISO 9001: 2015 dan ISO 37001: 2016 / ISO 9001: 2015 dan ISO 37001: 2016 Certification	Badan Standarisasi Nasional (BSN) / National Standardization Agency of Indonesia

PENGHARGAAN DAN SERTIFIKASI

Awards and Certifications

PERISTIWA PENTING
Event Highlights

11 **Januari** / January

Peresmian RS UKRIDA sebagai RS khusus rujukan Covid-19.

Inauguration of RS UKRIDA as a special referral hospital for Covid-19.

19 **Januari** / January

Vaksinasi Tenaga Kesehatan Pertamedika IHC Bersama Menteri BUMN.

Vaccination of Pertamedika IHC Healthcare Personnel with the Minister of SOE.

12 **Maret** / March

Keikutsertaan Pertamedika IHC Dalam Sentra Vaksinasi BUMN di Istora Senayan.

Participation of Pertamedika IHC in the SOE Vaccination at Istora Senayan.

12 **April** / April

Pertamedika IHC mengumumkan peluncuran Sistem Layanan Kesehatan Terintegrasi yang diberi nama *One Solution System* (OSS) di seluruh jaringan rumah sakit PBM IHC Bersama *Google Cloud*.

Pertamedika IHC announced the launching of Integrated Healthcare Service System called One Solution System (OSS) in all PBM IHC hospital network with Google Cloud.

16 **Juni** / June

Pertamedika IHC Hadirkan Mobile Laboratorium PCR sebagai upaya penekanan angka penyebaran COVID-19.

Pertamedika IHC Presents A Mobile PCR Laboratory to suppress the COVID-19 transmission rate.

09 **Juli** / July

Pembangunan RS Khusus Covid-19 Tanjung Duren.

Construction of Tanjung Duren Covid-19 Hospital.

19 **Juli** / July

Pertamedika IHC kembali menyiapkan salah satu fasilitas penanganan COVID-19 yang berlokasi di Asrama Haji Embarkasi Jakarta.

Pertamedika IHC prepared another COVID-19 handling facility located at the Jakarta Hajj Embarkation Dormitory.

07 **Agustus** / August

Meresmikan Rumah Sakit Modular Pertamina di Tanjung Duren Bersama Presiden Joko Widodo.

Inauguration of the Pertamina Modular Hospital in Tanjung Duren with President Joko Widodo.

08 **Agustus** / August

Meresmikan beroperasinya Rumah Sakit Bintang Amin Ekstensi Asrama Haji Lampung menjadi RS Ekstensi Rujukan COVID-19.

Inauguration of the operation of the Bintang Amin Hospital, the Lampung Hajj Dormitory Extension, to become a COVID-19 Referral Extension Hospital.

PERISTIWA PENTING
Event Highlights

01 **September** / September

Pertamedika IHC menjalin kerja sama dengan Universitas Airlangga terkait Tri Dharma Perguruan Tinggi, meliputi Pendidikan, Penelitian, dan Pengabdian Masyarakat.

Pertamedika IHC carries out a collaboration with Airlangga University regarding the Tri Dharma of Higher Education, including Education, Research, and Community Service.

01 **Oktober** / October

Topping Off Rumah sakit Pertamina Royal Biringkayana Makassar.

Topping Off Pertamina Royal Biringkayana Hospital Makassar.

04 **Oktober** / October

Kolaborasi Penelitian dan Pengembangan Obat Berbasis Teknologi antara Pertamedika IHC dengan Universitas Indonesia.

Technology-Based Drug Research and Development Collaboration between Pertamedika IHC and the University of Indonesia.

22 **Oktober** / October

Awal Transformasi Pertamedika IHC dengan Implementasi One Brand IHC pada Hari Jadi ke-24.

The Beginning of the Transformation of Pertamedika IHC with the Implementation of One Brand IHC on its 24th Anniversary.

08 **November** / November

Pertamedika IHC Raih Sertifikat ISO 9001:2015 dan ISO 37001:2016.

Pertamedika IHC Obtained the ISO 9001:2015 and ISO 37001:2016 Certificates.

24 **November** / November

Penandatanganan Kerja Sama Pertamedika IHC dengan Unpad Untuk Hadirkan RS Otak & Jantung Pertama di Bandung.

The signing of the Pertamedika IHC Cooperation with Unpad to Bring the First Brain & Heart Hospital in Bandung.

28 **November** / November

Meningkatkan Sinergi Pertamina Group, Pertamedika IHC sebagai Holding RS BUMN dan Pertamina Power Indonesia Jalin Kolaborasi Pemanfaatan Energi Terbarukan Ramah Lingkungan di Rumah Sakit.

Improving the Synergy of Pertamina Group, Pertamedika IHC as Holding State Hospital and Pertamina Power Indonesia Collaborating on Utilizing Eco-Friendly Renewable Energy in Hospitals.

10 **Desember** / December

Kerjasama Pembangunan RS Internasional di Bali Antara Pertamedika IHC dan PT Hotel Indonesia Natour.

International Hospital Development Cooperation in Bali Between Pertamedika IHC and PT Hotel Indonesia Natour.

27 **Desember** / December

Ground Breaking Bali International Hospital Oleh Presiden Joko Widodo.

Ground Breaking of Bali International Hospital By President Joko Widodo.

02

LAPORAN MANAJEMEN

Management Report

LAPORAN DEWAN KOMISARIS

Board of Commissioners' Report

Pada tahun 2021 Perseroan berhasil meningkatkan kinerja usahanya, baik dari sisi keuangan maupun operasional. Dari sisi keuangan, Pertamedika IHC mencatatkan peningkatan Pendapatan Usaha sebesar 29,34% dibanding tahun 2020. Jumlah aset Perseroan juga dicatatkan naik sebesar 27,69% dari tahun 2020. Hal ini terlihat bahwa kinerja Direksi sangat baik karena mampu meningkatkan kinerja seluruh aspek Perseroan secara total.

The Company succeeded in improving its business performance in 2021, both from financial and operational perspectives. From the financial aspect, Pertamedika IHC's Revenues increased by 29.34% compared to 2020. The Company's total assets increased as well by 27.69% from 2020. From this achievements, it can be seen that the Board of Directors performed excellently since it is able to improve the performance of all aspects of the Company as a whole.

FARID HARIANTO

Komisaris Utama

President Commissioner

PEMEGANG SAHAM DAN PEMANGKU KEPENTINGAN YANG TERHORMAT,

Distinguished Shareholders and Stakeholders,

Puji dan syukur kepada Tuhan Yang Maha Esa atas segala rahmat-Nya, sehingga Pertamedika IHC dapat melalui tahun 2021 yang penuh tantangan ini dengan pencapaian yang baik. Dalam Laporan Tahunan ini, Dewan Komisaris akan menyampaikan laporan mencakup beberapa poin penting yang menjadi fokus pelaksanaan tugas Dewan Komisaris.

PENILAIAN ATAS KINERJA DIREKSI

Pada tahun 2021 Perseroan berhasil meningkatkan kinerja usahanya, baik dari sisi keuangan maupun operasional. Dari sisi keuangan, Pertamedika IHC mencatatkan peningkatan Pendapatan Usaha sebesar 29,34% dibanding tahun 2020. Jumlah aset Perseroan juga dicatatkan naik sebesar 27,69% dari tahun 2020. Hal ini terlihat bahwa kinerja Direksi sangat baik karena mampu meningkatkan kinerja seluruh aspek Perseroan secara total.

Let us express our praise and gratitude to the Almighty God for all His blessings, so that Pertamedika IHC managed to pass the challenging 2021 with good achievements. Through this Annual Report, the Board of Commissioners would like to submit a report covering several key points which are the focus of the implementation of the duties of the Board of Commissioners.

ASSESSMENT ON THE PERFORMANCE OF THE BOARD OF DIRECTORS

The Company succeeded in improving its business performance in 2021, both from financial and operational perspectives. From the financial aspect, Pertamedika IHC's Revenues increased by 29.34% compared to 2020. The Company's total assets increased as well by 27.69% from 2020. From this achievements, it can be seen that the Board of Directors performed excellently since it is able to improve the performance of all aspects of the Company as a whole.

Dewan Komisaris juga mengapresiasi kebijakan strategis yang diambil Direksi untuk meningkatkan kapasitas layanan serta peningkatan kinerja baik finansial maupun operasional. Termasuk upaya direksi dalam meningkatkan *value* Perusahaan melalui program *unlock value*.

Dengan dibantu berbagai Komite yang ada dibawahnya, Dewan Komisaris melakukan pengawasan dan memberi arahan atau masukan yang diperlukan. Berikut adalah beberapa arahan yang diberikan Dewan Komisaris kepada Direksi sepanjang tahun 2021 antara lain:

1. Direksi agar menelaah kemungkinan penggunaan solar panel di Rumah Sakit untuk menghemat energi bekerjasama dengan Anak Perusahaan Pertamina
2. Direksi harus menjaga pertumbuhan biaya (OPEX) lebih rendah dibanding pertumbuhan pendapatan
3. Direksi agar menjaga kualitas reporting seluruh Anak Perusahaan Pertamedika IHC didasarkan pada sistem informasi digital yang baik
4. Direksi agar selalu mengedepankan prinsip-prinsip tata kelola perusahaan yang baik (*good corporate governance*) dalam setiap tindakannya
5. Seluruh rencana yang tertuang dalam RJPP dan RKAP agar dapat dilaksanakan tepat waktu dan tepat sasaran untuk memberikan nilai tambah bagi perusahaan

Selama tahun 2021, Dewan Komisaris melakukan rapat gabungan dengan Direksi sebanyak 14 kali. Selain itu, Dewan Komisaris juga memberikan arahan kepada Direksi tentang RKAP 2021, RKAP 2022, RJPP 2020-2024, Penghargaan atas kinerja Direksi dan Dewan Komisaris, Remunerasi Direksi dan Dewan Komisaris, Pengambil alihan saham Latinusa di PT Krakatau Medika, Pencarian mitra strategis, kerjasama dengan RS Ukrida, dan Rencana penyertaan saham Biofarma di Pertamedika IHC

PENILAIAN KINERJA KOMITE DI BAWAH DEWAN KOMISARIS

Dalam pelaksanaan tugas dan fungsi pengawasan, Dewan Komisaris dibantu oleh Komite Dewan Komisaris yang terdiri dari Komite Audit, Komite Manajemen Risiko, Komite Investasi, dan Komite Nominasi dan Remunerasi. Sepanjang tahun 2021, Dewan Komisaris menilai kinerja komite-komite tersebut telah berjalan dengan baik. Komite-komite tersebut aktif mengikuti rapat bersama Dewan Komisaris dan rapat komite yang diselenggarakan sebanyak 8 kali. Dewan Komisaris juga menilai Komite Dewan Komisaris perlu diperkuat khususnya Komite Nominasi dan Remunerasi untuk mempersiapkan Manajemen

The Board of Commissioners also appreciates the strategic policies taken by the Board of Directors to increase service capacity and improve performance both financially and operationally, including the efforts of the Board of Directors in increasing the value of the Company through the unlock value program.

With the help of various committees, the Board of Commissioners supervises and provides the necessary direction or input. Some of the directions given by the Board of Commissioners to the Board of Directors throughout 2021 are as follows:

1. The Board of Directors to examine the possibility of using solar panels in hospitals to save energy in cooperation with Pertamina's Subsidiaries
2. Directors must keep cost growth (OPEX) lower than revenue growth
3. The Board of Directors to maintain the reporting quality of all Pertamedika IHC Subsidiaries based on a good digital information system
4. The Board of Directors to always prioritize the principles of good corporate governance in every action
5. All plans contained in the RJPP and RKAP to be implemented on time and on target to provide added value for the Company.

The Board of Commissioners held 14 joint meetings with the Board of Directors throughout 2021. In addition, the Board of Commissioners also provides direction to the Board of Directors regarding 2021 RKAP, 2022 RKAP, 2020-2024 RJPP, Awards for the performance of the Board of Directors and Board of Commissioners, Remuneration of the Board of Directors and Board of Commissioners, Takeover of Latinusa shares in PT Krakatau Medika, Search for strategic partners, cooperation with Ukrida Hospital, and the plan to invest in Biofarma's shares in Pertamedika IHC.

ASSESSMENT ON PERFORMANCE OF COMMITTEES UNDER THE BOARD OF COMMISSIONERS

In carrying out its supervisory duties and functions, the Board of Commissioners is assisted by the Board of Commissioners Committee consisting of the Audit Committee, Risk Management Committee, Investment Committee, and Nomination and Remuneration Committee. The Board of Commissioners assessed that the performance of these committees throughout 2021 had gone well. These committees actively participated in joint meetings with the Board of Commissioners and committee meetings which were held 8 times. The Board of Commissioners also considers that the Committee of the Board

Talenta Pertamedika IHC yang juga terkonsolidasi dengan upaya Manajemen Talenta Klaster Kesehatan di lingkungan BUMN.

of Commissioners needs to be strengthened, especially the Nomination and Remuneration Committee to prepare IHC's Pertamedika Talent Management which is also consolidated with the Health Cluster Talent Management efforts within the SOE environment.

PANDANGAN ATAS PROSPEK USAHA

Meski masih banyak tantangan yang akan hadir,Dewan Komisaris memiliki pandangan yang positif terkait pertumbuhan usaha Perseroan untuk tahun 2022. Dengan peningkatan jumlah penduduk disertai dengan peningkatan pendapatan, akan mendorong adanya kebutuhan untuk melakukan pengembangan lebih lanjut di sektor kesehatan. Dewan Komisaris melihat Pertamedika IHC sebagai pelaku industri layanan kesehatan berkomitmen untuk mengimplementasikan 5 strategi kunci yaitu Kualitas dan keunggulan layanan dan standarisasi, Percepatan pendapatan dan perluasan jaringan, Operasi lean, Sinergi *supply chain*, dan Transformasi yang didukung teknologi dengan melaksanakan beberapa Inisiatif Strategis. Melalui langkah strategis tersebut serta kondisi makroekonomi yang akan pulih, Dewan Komisaris optimis bahwa Pertamedika IHC masih mampu meningkatkan kinerja positif di masa mendatang.

OVERVIEW OF BUSINESS PROSPECTS

Although there are still many challenges to come, the Board of Commissioners has a positive view regarding the Company's business growth for 2022. With the increase in population accompanied by an increase in income, there will be a need for further development in the health care sector. The Board of Commissioners sees Pertamedika IHC as a health care industry player who is committed to implementing 5 key strategies, namely Quality and service excellence and standardization, Revenue acceleration and network expansion, Lean operations, Supply chain synergy, and Technology-supported transformation by implementing several Strategic Initiatives. Through these strategic steps and macroeconomic conditions that will recover, the Board of Commissioners is optimistic that Pertamedika IHC is still able to improve its positive performance in the future.

PANDANGAN ATAS IMPLEMENTASI TATA KELOLA PERUSAHAAN YANG BAIK

Dalam pelaksanaan prinsip GCG di lingkungan Perseroan, Dewan Komisaris memandang bahwa Direksi telah menunjukkan kesungguhan dalam melaksanakan prinsip-prinsip GCG di setiap kegiatan operasional Perseroan. Komitmen implementasi GCG tercermin dari hasil penilaian atas implementasi GCG oleh Konsultan Independen terhadap Perseroan, dengan perolehan nilai sebesar 83,71% atau mendapat kualifikasi "Baik" dan meningkat dibanding tahun sebelumnya. Hal ini menunjukkan komitmen kuat Perseroan untuk terus memperbaiki kualitas implementasi GCG di lingkungan Perseroan.

VIEWS ON THE IMPLEMENTATION OF GOOD CORPORATE GOVERNANCE

The Board of Commissioners views that the Board of Directors has shown seriousness in implementing GCG principles in every operational activity of the Company. The commitment to implementing GCG is reflected in the results of an assessment on GCG implementation by an Independent Consultant on the Company with a score of 83.71% or a "Good" qualification, an increase compared to the previous year. This shows the Company's strong commitment to continuously improving the quality of GCG implementation within the Company.

PANDANGAN ATAS PENERAPAN TANGGUNG JAWAB SOSIAL DAN LINGKUNGAN PERUSAHAAN

Sebagai entitas ekonomi-sosial yang hadir di tengah masyarakat, Pertamedika IHC terus berkontribusi aktif membangun kebermanfaatan bagi seluruh pemangku kepentingan. Kami memahami bahwa fungsi sosial dan lingkungan Perseroan sebagai pengelola rumah sakit tidak semata dipandang sebagai investasi yang semata berfokus pada profit, tetapi juga menjalankan misi peningkatan nilai ekonomis yang bermanfaat bagi masyarakat, pemangku kepentingan, dan lingkungan Perseroan. Untuk itu, Pertamedika IHC melaksanakan program Tanggung Jawab Sosial dan Lingkungan Perusahaan dengan menyasar isu-isu keberlanjutan yang relevan dengan keberlangsungan usaha Perseroan.

VIEWS ON THE IMPLEMENTATION OF CORPORATE SOCIAL AND ENVIRONMENTAL RESPONSIBILITY

As an economic-social entity among the community, Pertamedika IHC continues to actively contribute to providing benefits for all stakeholders. We understand that the Company's social and environmental function as hospital manager is not only seen as an investment that focuses solely on profit, but also carries out the mission of increasing economic value that is beneficial to the community, stakeholders, and the Company's environment. To that end, Pertamedika IHC implements a Corporate Social and Environmental Responsibility program by targeting sustainability issues that are relevant to the Company's business continuity.

PERUBAHAN SUSUNAN DEWAN KOMISARIS

Pada 2021 terdapat perubahan pada komposisi Dewan Komisaris dengan rincian sebagai berikut melalui pengangkatan Bapak Henry Hendrawan sebagai Komisaris Independen dan Bapak Iman Rachman sebagai Komisaris pada tanggal 9 Juni 2021 berdasarkan Keputusan Pemegang Saham Perusahaan secara Sirkuler.

Dengan demikian, susunan Dewan Komisaris sampai dengan laporan ini diterbitkan adalah sebagai berikut:

Komisaris Utama	: Farid Harianto
Komisaris Independen	: Dante Saksono Harbuwanto
Komisaris Independen	: Henry Hendrawan
Komisaris	: Iman Rachman

APRESIASI DAN PENUTUP

Akhir kata, atas nama Dewan Komisaris kami menyampaikan terima kasih dan apresiasi setinggi-tingginya kepada Direksi, manajemen dan seluruh karyawan Pertamedika IHC atas pencapaian kinerja di tahun 2021. Terima kasih kami sampaikan pula kepada Pemegang Saham atas dukungan berkelanjutan dan kepercayaan yang diberikan kepada kami untuk menjalankan fungsi pengawasan dan memberikan nasihat kepada Direksi untuk kemajuan Perseroan. Semoga ke depan kami dapat terus menjaga kinerja yang positif dengan menerapkan prinsip-prinsip keberlanjutan, guna mewujudkan ketahanan Kesehatan nasional.

CHANGES IN THE BOARD OF COMMISSIONERS COMPOSITION

There were changes in the Board of Commissioners composition. The Company appointed Mr. Henry Hendrawan as Independent Commissioner and Mr. Iman Rachman as Commissioner on June 9, 2021 based on a Circular Resolution of the Company's Shareholders.

Accordingly, the Board of Commissioners composition as of the publication of this report is as follows:

President Commissioner	: Farid Harianto
Independent Commissioner	: Dante Saksono Harbuwanto
Independent Commissioner	: Henry Hendrawan
Commissioner	: Iman Rachman

APPRECIATION AND CLOSING

Finally, on behalf of the Board of Commissioners, we would like to express our sincere gratitude and appreciation to the Board of Directors, management, and all employees of Pertamedika IHC for their performance achievements in 2021. We also express our gratitude to the Shareholders for their continued support and trust given to us to carry out the supervisory function and provide advice to the Board of Directors for the progress of the Company. Hopefully, we can maintain a positive performance in the future by implementing the principles of sustainability in order to realize national health resilience.

Jakarta, April 2022 / April, 2022
Atas nama Dewan Komisaris / On behalf of the Board of Commissioner

Farid Harianto
Komisaris Utama / President Commissioner
PT Pertamina Bina Medika IHC

LAPORAN DIREKSI
Board of Directors' Report

Pendapatan Usaha Perseroan dicatatkan naik sebesar 29,34% atau sebesar Rp1,5 triliun dari tahun 2020 diimbangi dengan kenaikan Total Aset dan Total Ekuitas masing-masing sebesar Rp1,6 triliun dan Rp983,26 miliar. Adapun kinerja operasional yang paling signifikan yakni peningkatan Jumlah Kunjungan Penunjang Medis sebesar 65,63%.

The Company's Revenue increased by 29.34% or Rp1.5 trillion from 2020, offset by an increase in Total Assets and Total Equity by Rp1.6 trillion and Rp983.26 billion, respectively. The most significant operational performance is the increase in the number of medical support visits by 65.63%.

FATHEMA DJAN RACHMAT

Direktur Utama

President Director

PEMEGANG SAHAM DAN PEMANGKU KEPENTINGAN YANG TERHORMAT,

Distinguished Shareholders and Stakeholders,

Di tengah ketidakpastian ekonomi dan situasi yang belum pulih sepenuhnya akibat Pandemi COVID-19, kami bersyukur atas limpahan rahmat dan karunia yang diberikan Tuhan Yang Maha Esa kepada kita semua, sehingga pada tahun 2021 ini Pertamedika IHC mampu menorehkan pencapaian kinerja yang baik. Pada kesempatan yang berbahagia ini, izinkan kami selaku Direksi Perseroan untuk menyampaikan laporan pelaksanaan pengelolaan PT Pertamina Bina Medika IHC untuk tahun buku yang berakhir pada tanggal 31 Desember 2021.

In the midst of economic uncertainty and challenging situations due to the COVID-19 Pandemic, we are grateful for the abundance of grace and blessings given by God Almighty to all of us, thus, Pertamedika IHC was able to demonstrate a satisfying performance achievement in 2021. On this happy occasion, allow us as the Company's Board of Directors to report management implementation of PT Pertamina Bina Medika IHC for the fiscal year ended on December 31, 2021.

KINERJA PERUSAHAAN TAHUN 2021

Kebijakan Strategis

Kondisi makroekonomi sepanjang tahun 2021 diliputi oleh momentum mulai kembalinya ekonomi ke pertumbuhan positif, walaupun dibarengi dengan jenis varian virus baru Covid-19 yakni Omicron. Tingkat penyebaran virus COVID-19 mulai menunjukkan tren yang menurun karena semakin masifnya pemberian vaksin dan semakin ketatnya protokol kesehatan. Hal tersebut tentu memberikan sentimen positif terhadap laju pertumbuhan ekonomi, baik di tingkat global maupun nasional.

2021 COMPANY PERFORMANCE

Strategic Policy

Macroeconomic conditions throughout 2021 were marked by momentum for the economy to return to positive growth, even though it was accompanied by a new type of Covid-19 virus variant, namely Omicron. The rate of spread of the COVID-19 virus is starting to show a downward trend due to the increasingly massive vaccine administration and increasingly stringent health protocols. This certainly provides a positive sentiment towards the pace of economic growth, both at the global and national levels.

Berdasarkan laporan *International Monetary Fund* (IMF) pertumbuhan ekonomi global tahun 2021 terkontraksi tumbuh 5,9%, berbanding terbalik dengan pertumbuhan ekonomi tahun 2020 yang terkontraksi sebesar 3,1%. Di tingkat nasional, pertumbuhan ekonomi juga turut mengalami pertumbuhan yang hebat. Badan Pusat Statistik (BPS) mencatatkan pertumbuhan ekonomi Indonesia mengalami kenaikan sebanyak 3,69%, kontras dengan pertumbuhan ekonomi tahun 2020 yang terkontraksi sebesar 2,07%.

Based on the International Monetary Fund (IMF) report, global economic growth in 2021 contracted by 5.9%, in contrast to economic growth in 2020 which contracted by 3.1%. At the national level, economic growth has also experienced great growth. Statistics Indonesia (BPS) recorded that Indonesia's economic growth increased by 3.69%, in contrast to the economic growth in 2020 which contracted by 2.07%.

Pandemi COVID-19 yang telah melanda Indonesia sejak bulan Maret 2020 terus menunjukkan angka yang fluktuatif hingga akhir tahun 2021. Walaupun secara keseluruhan kebutuhan layanan kesehatan meningkat, namun kunjungan pasien mengalami penurunan yang cukup signifikan karena adanya himbauan dari pemerintah agar tidak mengunjungi atau mengurangi kunjungan ke pusat layanan kesehatan selama masa pandemi untuk mengurangi penularan COVID-19.

The COVID-19 pandemic that has hit Indonesia since March 2020 continues to show signs of increasing until the end of 2020. Although the overall need for health services has increased, patient visits have decreased significantly due to the government's appeal not to visit or reduce visits to health care centers during the pandemic period to reduce transmission of COVID-19.

Untuk menyelaraskan kinerja Pertamedika IHC dengan visi Perusahaan yaitu "Membangun Korporasi Kesehatan Indonesia untuk Mewujudkan Ketahanan Kesehatan Nasional" dan arahan pemerintah untuk menjadi *Holding* Rumah Sakit Badan Usaha Milik Negara (RS BUMN), Perusahaan telah menyusun beberapa strategi usaha yang diterapkan dalam pelaksanaan aktivitas operasional selama tahun 2021, yang meliputi 5 pilar yang berfokus untuk melakukan 5 strategi kunci, yaitu Kualitas dan keunggulan layanan dan standarisasi, Percepatan pendapatan dan perluasan jaringan, Operasi *lean*, Sinergi *supply chain*, Transformasi yang didukung teknologi yang didukung oleh strategi pendukung antara lain pengembangan kapabilitas dan pipeline talenta, pengaturan *transformation office* yang ketat pendirian Institut Kesehatan Indonesia, *Change Management* dan *Change story* yang jelas, *technology backbone* dan IPO (*Initial Public Offering*).

To align the performance of Pertamedika IHC with the Company's vision, namely "Developing an Indonesian Health care Corporation in order to Achieve National Health Security" and the government's direction to become a Holding Hospital for State-Owned Enterprises (RS BUMN), the Company has prepared several business strategies that are implemented in the implementation of operational activities during 2021, which includes 5 pillars that focus on implementing 5 key strategies, namely Quality and service excellence and standardization, Revenue acceleration and network expansion, Lean operations, Supply chain synergy, Technology-based transformation maintained by supporting strategies including capability development and talent pipeline, strict transformation office arrangements, establishment of the Indonesian Health Institute, clear Change Management and Change story, technology backbone and IPO (Initial Public Offering).

Strategi kunci ini telah diselaraskan dengan inisiatif strategis dan Roadmap BUMN tahun 2020-2024 untuk mendukung program BUMN di bidang kesehatan. Strategi yang akan dicanangkan Pertamedika IHC dalam 5 tahun mendatang akan mendukung 5 formulasi prioritas Kementerian BUMN sebagai berikut:

1. Nilai ekonomi dan sosial untuk Indonesia, yaitu untuk meningkatkan nilai tambah ekonomi (*economic value added*) dan dampak social bagi masyarakat dan ekonomi Indonesia;
2. Inovasi Model Bisnis, yaitu restrukturisasi model bisnis melalui pembangunan ekosistem, kerjasama, pertimbangan kebutuhan *stakeholders*, dan focus pada *core business*;
3. Kepemimpinan Teknologi, yaitu memimpin secara global dalam teknologi strategis dan melembagakan kapabilitas digital;

These key strategies have been aligned with strategic initiatives and the SOE Roadmap for 2020-2024 to support SOE programs in the health care sector. The strategy that will be launched by Pertamedika IHC in the next 5 years will support the 5 priority formulations of the Ministry of SOEs as follows:

1. Economic and social value for Indonesia, namely to increase economic value added and social impact for Indonesian society and economy;
2. Business Model Innovation, namely business model restructuring through ecosystem development, cooperation, consideration of stakeholder needs, and focus on core business;
3. Technology Leadership, namely leading globally in strategic technology and institutionalizing digital capabilities;

4. Peningkatan Investasi, yaitu mengoptimalkan nilai aset dan menciptakan ekosistem investasi yang sehat, serta;
5. Pengembangan Talenta, yaitu mengedukasi dan melatih tenaga kerja, mengembangkan SDM berkualitas untuk Indonesia, profesionalisasi tata kelola dan sistem seleksi SDM.

Perbandingan Antara Target dan Realisasi

Pertamedika IHC berhasil mencatatkan kinerja yang lebih baik dari tahun sebelumnya. Hal tersebut tercermin dari realisasi Tingkat Kesehatan Perusahaan tahun 2021 sebesar 95,00, dengan kategori Sehat AA, lebih tinggi dari target RKAP revisi 2021 sebesar 94,00 dengan kategori Sehat AA dan Tingkat Kesehatan Perusahaan di tahun 2020 sebesar 90,00 dengan kategori Sehat AA. Selain dari Tingkat Kesehatan Perusahaan, pencapaian kinerja Perusahaan juga dapat dilihat dari perbandingan realisasi kinerja operasional dan keuangan pada tahun 2021 dengan target bisnis yang telah ditetapkan dalam RKAP 2021.

Kinerja Operasional

Realisasi kinerja operasional Perusahaan sepanjang tahun 2021 tercermin dari jumlah kunjungan rawat jalan, kunjungan rawat inap, kunjungan penunjang medis, *Bed Occupancy Rate* (BOR) untuk menentukan proporsi tempat tidur terisi yang ditetapkan sebagai rasio dari hari pelayanan perawatan untuk jumlah tempat tidur dalam periode tertentu, dan *Average Length of Stay* (AvLOS) untuk memberi gambaran terkait seberapa besar tingkat efisiensi dan mutu layanan medis di rumah sakit yang termasuk dalam jaringan Pertamedika IHC. Per 31 Desember 2021, jumlah Kunjungan Rawat Jalan tercatat sebanyak 5.844.218 kunjungan

Disisi lain, Realisasi BOR tahun 2021 tercatat sebesar 60%, belum mampu melampaui target RKAP 2021 sebesar 64%.

Sementara itu, Perusahaan mencatatkan realisasi AvLOS selama 4,0 hari di tahun 2021, melampaui 2,5% dari target RKAP 2021 selama 3,9 hari. Menurut Kementerian Kesehatan RI, nilai AvLOS yang ideal adalah 3,5-5 hari. Semakin kecil angka AvLOS, maka semakin baik bagi Perusahaan. Tingginya nilai AvLOS tersebut dipengaruhi oleh lamanya rata-rata hari yang dihabiskan untuk perawatan pasien COVID-19, yaitu di atas 10 hari.

Kinerja Keuangan

Secara garis besar, realisasi kinerja keuangan Perusahaan di tahun 2021 telah berhasil melampaui target RKAP yang ditetapkan, meskipun masih ada beberapa Rumah Sakit Anak Perusahaan Pertamedika IHC yang masih perlu dilakukan penyehatan keuangan dan perbaikan layanan. Realisasi laba bersih di tahun 2021 tercatat senilai Rp6.834,47 miliar. Kondisi tersebut dipengaruhi oleh meningkatnya nilai Pendapatan Penunjang Medis, Pendapatan Rawat Inap, Pendapatan Umum, dan Pendapatan *Managed Care* dari tahun sebelumnya.

4. Increased Investment, namely optimizing asset value and creating a healthy investment ecosystem; and
5. Talent Development, namely educating and training the workforce, developing quality human resources for Indonesia, professionalizing governance and HR selection system.

Comparison Between Target and Realization

Pertamedika IHC managed to record a better performance than the previous year. This is reflected in the realization of the Company Health Level in 2021 at 95.00 with Healthy AA category, higher than the revised 2021 RKAP target at 94.00 with Healthy AA category, and the Company's Health Level in 2020 at 90.00 with Healthy AA category. Apart from the Company's Health Level, the achievement of the Company's performance can also be seen from the comparison of the realization of operational and financial performance in 2021 with the business targets set in the 2021 RKAP.

Operational Performance

The realization of the Company's operational performance throughout 2021 is reflected in the number of outpatient visits, inpatient visits, medical support visits, Bed Occupancy Rate (BOR) to determine the proportion of occupied beds which is determined as the ratio of days of care to the number of beds in a certain period, and Average Length of Stay (AvLOS) to provide an overview of the level of efficiency and quality of medical services in hospitals that are included in the Pertamedika IHC network. As of December 31, 2021, the number of Outpatient Visits was recorded at 5,844,218 visits.

On the other hand, realization of BOR in 2021 was recorded at 60%, has not been able to exceed the 2021 RKAP target of 64%.

Meanwhile, the Company recorded AvLOS realization for 4.0 days in 2021, exceeding 2.5% of the 2021 RKAP target for 3.9 days. According to the Indonesian Ministry of Health, the ideal AvLOS value is 3.5-5 days. The smaller the AvLOS number, the better it is for the Company. The high value of AvLOS is influenced by the average length of days spent treating COVID-19 patients, which is over 10 days.

Financial Performance

Broadly speaking, the realization of the Company's financial performance in 2021 has succeeded in exceeding the set RKAP target, although there are still a number of Pertamedika IHC Subsidiary Hospitals that still need financial restructuring and service improvements. Realized net profit in 2021 was recorded at Rp6,834.47 billion. This condition was influenced by the increase in the value of Revenue from Medical Support Income, Inpatient Income, General Income, and Managed Care Income from the previous year.

Tingginya pencapaian laba bersih di tahun 2021 turut memengaruhi perolehan Marjin Laba Bersih dan Marjin Laba Operasi, masing-masing tercatat sebesar 10,13% dan 15,22%, lebih tinggi dari target RKAP 2021, masing-masing sebesar 9,78% dan 13,81%, maupun realisasi di tahun sebelumnya. Realisasi Imbalan Investasi (ROI) juga tercatat lebih tinggi dari target RKAP 2021 dengan target sebesar 18,11% menjadi 19,01% di tahun 2021. Dari sisi neraca, realisasi jumlah Ekuitas per 31 Desember 2021 tercatat melebihi target RKAP 2021, tercapai sebesar 107%. Meningkatnya pencapaian komponen Laporan Posisi Keuangan di tahun 2021 disebabkan oleh adanya lonjakan pasien Covid-19 pada gelombang kedua pertengahan tahun 2021.

KENDALA YANG DIHADAPI DAN UPAYA YANG DILAKUKAN

Industri kesehatan dalam negeri masih memiliki tantangan yang signifikan dalam rangka memenuhi kebutuhan layanan kesehatan sekaligus mewujudkan ketahanan Kesehatan nasional. Berkaitan dengan hal tersebut, kami selaku jajaran Direksi dan Manajemen Perusahaan telah mengidentifikasi 5 tantangan utama yang dihadapi oleh sektor layanan kesehatan di Indonesia beserta upaya yang dilakukan untuk meminimalisir dampak negatif yang dihasilkan, dengan uraian sebagai berikut:

1. **Penetrasi dokter dan tempat tidur rumah sakit di Indonesia masih rendah dibandingkan rumah sakit lain secara global dan regional.**

   Dibandingkan dengan penetrasi di negara-negara maju seperti Amerika Serikat, Inggris, dan bahkan Jepang, Indonesia masih memiliki tingkat penetrasi yang jauh dibawah rumah sakit yang ada di negara-negara tersebut. Bahkan di regional Asia Tenggara saja angka penetrasinya masih rendah dibanding negara-negara tetangganya, jauh rendah dibawah Singapura dan Malaysia yang memiliki tingkat penetrasi tinggi, dengan populasi yang sangat jauh lebih banyak dibanding yang lainnya, tentu hal tersebut dijadikan sebagai suatu peluang bagi Pertamedika IHC untuk meningkatkan penetrasi dokter dan tempat tidur di seluruh unit bisnisnya.

2. **Sumber Daya Kesehatan yang Terbatas**

   Adanya perbandingan yang jauh antara permintaan akan tempat tidur di Indonesia dengan jumlah tempat tidur yang tersedia, perbedaan yang tersebut kurang lebih sebesar 300.000 gap antara permintaan dan jumlah tempat tidur yang tersedia pada tahun 2021. Tingkat perbandingan jumlah dokter dengan populasi masih menunjukkan perbedaan yang jauh, rasio tenaga kesehatan dengan populasi di Indonesia masih jauh rendah dibawah target rekomendasi WHO. Hal ini tersebut merupakan peluang Pertamedika IHC untuk merekrut lebih banyak tenaga kesehatan serta dokter untuk menjadi *market leader* di *industry* layanan kesehatan Indonesia.

The high achievement of net profit in 2021 also affected the acquisition of Net Profit Margin and Operating Profit Margin, which were recorded at 10.13% and 15.22%, respectively, higher than the 2021 RKAP target at 9.78% and 13.81%, as well as the realization in the previous year. Realization of Return on Investment (ROI) was also recorded higher than the 2021 RKAP target at 18.11% to 19.01% in 2021. From the balance sheet, the realization of total equity as of December 31, 2021 increased from the 2021 RKAP target, achieved by 107%. The high achievement of the components of the Statement of Financial Position in 2021 was caused by a surge in Covid-19 patients in the second wave in mid-2021.

CHALLENGES FACED AND THE FOLLOW-UP

The domestic health industry still faces significant challenges in fulfilling the need for health services while at the same time realizing national health resilience. In this regard, as the Board of Directors and Company Management, we have identified 5 main challenges faced by the health care sector in Indonesia and their efforts to minimize the negative impact, with the following descriptions:

1. **The penetration of doctors and hospital beds in Indonesia is low compared to other hospitals globally and regionally.**

   Compared to penetration in developed countries such as the United States, United Kingdom, and even Japan, Indonesia's penetration rate is far below hospitals in these countries. Even in the Southeast Asian region, the penetration rate is low compared to neighboring countries, far below Singapore and Malaysia, which have a high penetration rate, with a population that is very much more than the others, of course this is used as an opportunity for Pertamedika IHC to increasing penetration of doctors and beds across its business units.

2. **Limited Health Resources**

   There is a big comparison between the demand for beds in Indonesia and the number of beds available which is approximately 300,000 gaps between demand and the number of beds available in 2021. The level of comparison of the number of doctors with the population shows a big difference The ratio of health workers to population in Indonesia is also far below the WHO recommendation target. This is an opportunity for Pertamedika IHC to recruit more health workers and doctors to become market leaders in the Indonesian healthcare industry.

3. **Aktivitas industri layanan kesehatan dan Rumah Sakit di Indonesia secara makro**

   Indonesia merupakan negara dengan jumlah populasi tertinggi di Asia Tenggara dengan tingkat masyarakat dengan usia produktif yang tinggi dalam kontribusi perkembangan ekonomi negara. Namun, tingkat Produk Domestik Bruto (PDB) Indonesia masih relative rendah dibanding dengan negara tetangganya, dengan pertumbuhan PDB sebesar Rp55,9 juta dengan angka pertumbuhan ekonomi Indonesia diprediksi akan tumbuh secara massif kedepannya. Hal ini bisa dijadikan peluang oleh Pertamedika IHC sebagai ruang untuk tumbuh dan terus bergerak mengembangkan usahanya secara konsisten disertai komitmen peningkatan kualitas layanannya.

4. **Rumah Sakit Indonesia yang Terfragmentasi**

   Tingkat kontribusi penyediaan tempat tidur dari 5 grup tertinggi penyedia layanan industri kesehatan yang hanya menyumbang sekitar 8% dimana IHC masih berada di posisi paling atas dengan angka sebesar 2,8% Bed Share, disusul Grup Hermina dengan 1,9%, Siloam Group dengan 1,3%, Mitra Keluarga dengan 1,1%, serta RS Soetomo sebesar 0,5%. Hal ini menunjukkan Pertamedika IHC masih berpeluang untuk menjadi *market leader* agar secara konsisten mengembangkan unit usahanya.

5. **Perubahan Gaya Hidup**

   Penyakit tidak menular memiliki kasus lebih tinggi dari penyakit menular sebagai penyakit utama penyebab kematian di Indonesia dengan perubahan gaya hidup yang diidentifikasi sebagai faktor kunci yang mendorong tren melalui peningkatan risiko metabolisme dan perilaku. Dengan diabetes memiliki angka penyebab kematian tertinggi dengan 55% serta Darah Tinggi menjadi kontributor utama dalam gejala yang dirasakan. Hal ini memberi peluang bahwa penyakit sekarang pada umumnya adalah penyakit yang tidak menular, membutuhkan jangka waktu penyembuhan panjang dengan nilai perawatan yang lebih tinggi .

Untuk mengatasi hal tersebut, Menteri BUMN berinisiatif membentuk Holding RS BUMN agar RS BUMN terintegrasi dan memiliki standar layanan kesehatan yang sama dan menunjuk PT Pertamedika IHC sebagai Holding RS BUMN melalui Surat Menteri BUMN Republik Indonesia No. S-736/MBU/12/2016 tanggal 21 Desember 2016 sebagai holding Rumah Sakit BUMN.

3. **The activities of the health care industry and hospitals in Indonesia at a macro level**

   Indonesia is a country with the highest population in Southeast Asia with a high level of society with a high productive age in contributing to the country's economic development. However, the level of Indonesia's Gross Domestic Product (GDP) is still relatively low compared to its neighboring countries, with GDP growth of Rp55.9 million with Indonesia's economic growth rate predicted to grow massively in the future. This can be used by Pertamedika IHC as an opportunity to grow and continue to move to develop its business consistently with a commitment to improving the quality of its services.

4. **Indonesian Hospitals are Fragmented**

   The contribution rate of bed provision from the 5 highest groups of health care industry service providers which only accounts for about 8% where IHC is still in the top position with 2.8% Bed Share, followed by Hermina Group with 1.9%, Siloam Group with 1.3%, Mitra Keluarga with 1.1%, and Soetomo Hospital with 0.5%. This shows that Pertamedika IHC still has the opportunity to become a market leader in order to consistently develop its business units.

5. **Lifestyle Change**

   Non-communicable diseases have higher cases than communicable diseases as the leading cause of death in Indonesia with lifestyle changes identified as key factors driving the trend through increased metabolic and behavioral risks. With diabetes having the highest cause of death with 55% and high blood pressure being the main contributor to the symptoms felt. This gives the opportunity that the current disease is generally a non-communicable disease, requiring a long period of healing with a higher treatment value.

To overcome this, the Minister of SOE took the initiative to form a SOE Hospital Holding so that SOE Hospitals were integrated and had the same health service standards and appointed PT Pertamedika IHC as a SOE Hospital Holding through the Letter of the Minister of SOE of the Republic of Indonesia No. S-736/MBU/12/2016 dated December 21, 2016 as a BUMN Hospital holding.

PENERAPAN TATA KELOLA PERUSAHAAN

Komitmen Pertamedika IHC terhadap penyediaan dan pengelolaan rumah sakit BUMN berpengalaman dan terakreditasi senantiasa dibarengi dengan komitmen dalam menjunjung integritas dan akuntabilitas secara kontinyu bagi Pemegang Saham dan pemangku kepentingan. Komitmen tersebut diwujudkan melalui penerapan prinsip-prinsip serta *best practices* Tata Kelola Perusahaan yang Baik atau *Good Corporate Governance* (GCG) pada seluruh lini usaha oleh seluruh insan Perseroan. Dalam hal ini, Perseroan memaknai implementasi GCG yang tidak hanya sebagai bentuk kepatuhan semata, tetapi juga sebagai mekanisme yang menjamin terpenuhinya hak seluruh pemangku kepentingan serta mewujudkan pengelolaan perusahaan yang jujur, berintegritas, sehat, serta patuh terhadap peraturan perundang-undangan yang berlaku.

Dalam mendukung terciptanya budaya serta kesadaran penerapan GCG di lingkungan Perseroan, sejak 2 (dua) tahun yang lalu Pertamedika IHC telah membentuk Tim *Champion* GCG di Korporat dan Unit Usaha Pertamedika sebagai unit khusus yang mendorong sosialisasi dan internalisasi prinsip, kaidah, serta praktik terbaik GCG di seluruh unit bisnis dan aktivitas bisnis Perseroan. Bersamaan dengan dibentuknya unit khusus tersebut, Perseroan turut mengevaluasi dan meningkatkan efektivitas Sistem Kepatuhan *Online* atau *Compliance Online System* (COS) guna memperkuat implementasi dan kepatuhan seluruh karyawan terhadap pelaksanaan tugas dan tanggung jawab masing-masing yang sesuai dengan prinsip-prinsip GCG.

Upaya Perseroan dalam mendukung perbaikan dan penyempurnaan implementasi GCG secara berkelanjutan diwujudkan melalui mekanisme evaluasi penerapan GCG (GCG *assessment*). Selain bertujuan untuk mengukur tingkat penerapan GCG di Perusahaan, rekomendasi yang dihasilkan dari *assessment* GCG akan menjadi acuan bagi manajemen dalam menyempurnakan implementasi GCG di masa mendatang. Adapun pelaksanaan *assessment* GCG di Pertamedika IHC dilaksanakan melalui metode *self-assessment* dengan didampingi oleh konsultan eksternal. Berdasarkan hasil *assessment* GCG, penerapan GCG di tahun 2021 memperoleh skor 83,71% dengan predikat "Baik". Perolehan ini meningkat dibandingkan perolehan skor *assessment* GCG tahun 2020 sebesar 83,04% dengan predikat "Baik". Berdasarkan hasil penilaian penerapan GCG yang telah dilakukan, Direksi akan terus mendorong manajemen untuk memperbaiki dan menyempurnakan penerapan GCG di seluruh elemen perusahaan dengan mengacu pada *area of improvement* yang telah diperoleh, baik di periode berjalan maupun pada periode selanjutnya.

GOOD CORPORATE GOVERNANCE IMPLEMENTATION

Pertamedika IHC's commitment to the provision and management of experienced and accredited SOE hospitals is always accompanied by its commitment to upholding integrity and accountability in a sustainable manner for shareholders and stakeholders. This commitment is manifested through the application of the principles and best practices of Good Corporate Governance (GCG) in all lines of business by all employees of the Company. In this case, the Company interprets the implementation of GCG which is not only a form of compliance, but also as a mechanism that ensures the fulfillment of the rights of all stakeholders as well as realizing honest, integrity, healthy company management and compliance with the prevailing laws and regulations.

In supporting the creation of a culture and awareness of GCG implementation within the Company, two years ago Pertamedika IHC established a GCG Champion Team at the Corporate and Pertamedika Business Units as a special unit that encourages the dissemination and internalization of GCG principles, rules and best practices in all business units and business activities of the Company. Along with the establishment of this special unit, the Company also evaluates and improves the effectiveness of the Compliance Online System (COS) in order to strengthen the implementation and compliance of all employees with the implementation of their respective duties and responsibilities in accordance with the principles of GCG.

The Company's efforts to support the improvement and refinement of GCG implementation in a sustainable manner are realized through the GCG assessment mechanism. Besides aiming to measure the level of GCG implementation in the Company, the recommendations resulting from the GCG assessment will serve as a reference for management in improving GCG implementation in the future. The implementation of the GCG assessment at Pertamedika IHC is carried out through the self-assessment method accompanied by an external consultant. Based on the results of the GCG assessment, the implementation of GCG in 2021 received a score of 83.71% with "Good" predicate. This score increased compared to the acquisition of the 2020 GCG assessment score at 83.04% with "Good" predicate. Based on the results of the assessment of GCG implementation that has been carried out, the Board of Directors will continue to encourage management to improve and perfect the implementation of GCG in all elements of the company by referring to the areas of improvement that have been obtained, both in the current period and in the coming year.

Selain memfokuskan pada penyempurnaan implementasi GCG, Perseroan turut menaruh perhatian pada kelangsungan usaha yang berkelanjutan melalui penerapan manajemen risiko sebagai bagian tak terpisahkan dari tata kelola perusahaan. Melalui perencanaan yang mumpuni serta *monitoring* risiko secara berkala, Perseroan berupaya membangun sistem manajemen risiko yang dapat meminimalkan dampak potensi risiko terhadap kinerja dan kelangsungan usaha Perseroan.

In addition to focusing on improving GCG implementation, the Company also pays attention to sustainable business continuity through the implementation of risk management as an integral part of corporate governance. Through careful planning and regular risk mitigation monitoring, the Company seeks to build a risk management system that can minimize the impact of potential risks on the performance and sustainability of the Company's business.

PELAKSANAAN TANGGUNG JAWAB SOSIAL DAN LINGKUNGAN PERUSAHAAN

Kontribusi Pertamedika IHC terhadap peningkatan kesejahteraan bagi masyarakat Indonesia selaras dengan komitmen dan partisipasinya dalam mendukung pembangunan berkelanjutan yang tidak hanya bertumpu pada perolehan keuntungan ekonomis, tetapi juga diintegrasikan dengan kepeduliannya terhadap lingkungan sekitarnya. Pelaksanaan Tanggung Jawab Sosial dan Lingkungan (*Corporate Social Responsibility*) sebagai upaya membangun hubungan yang harmonis dengan pemangku kepentingan dimaknai sebagai investasi sosial yang mendukung pertumbuhan serta keberlangsungan usaha yang berkelanjutan. Kegiatan CSR Pertamedika IHC tahun 2021 senantiasa berfokus pada penanggulangan Covid di lingkungan Perseroan. Kondisi pandemi yang dihadapi selama tahun 2021 juga mendorong Perseroan untuk mengalokasikan dana CSR untuk penanganan COVID-19 sehingga terdapat sejumlah program terencana yang tertunda. Meski demikian, Perseroan senantiasa menyebar kemanfaatan bagi seluruh pemangku kepentingan melalui kontribusinya terhadap kesehatan masyarakat, terlebih dalam menghadapi tantangan Pandemi COVID-19.

IMPLEMENTATION OF CORPORATE SOCIAL AND ENVIRONMENTAL RESPONSIBILITY

Pertamedika IHC's contribution to improving the welfare of the Indonesian people is in line with its commitment and participation in supporting sustainable development which is not only based on obtaining economic benefits, but is integrated with its concern for a sustainable environment and a prosperous community. The implementation of Social and Environmental Responsibility (Corporate Social Responsibility) as an effort to build a harmonious relationship with stakeholders is interpreted as a social investment that supports sustainable business growth and sustainability. Pertamedika IHC CSR activities in 2021 always focused on handling of Covid in the Company's environment. The pandemic conditions faced during 2021 also prompted the Company to allocate CSR funds for handling COVID-19 so that there are a number of planned programs that are delayed. However, the Company continues to spread benefits to all stakeholders through its contribution to public health, especially in facing the challenges of the COVID-19 Pandemic.

ANALISIS PROSPEK USAHA

Kami meyakini bahwa industri kesehatan yang menjadi sektor bisnis utama Pertamedika IHC masih memiliki prospek yang cerah untuk beberapa tahun ke depan. Hal tersebut didasari oleh kesadaran masyarakat Indonesia terhadap pola dan gaya hidup sehat yang semakin tinggi, sehingga ketergantungan masyarakat akan layanan dan fasilitas kesehatan yang optimal pun turut meningkat.

Untuk menangkap peluang bisnis dalam rangka meningkatkan kinerja dan keunggulan Perusahaan secara berkelanjutan di masa depan, Pertamedika IHC telah menyusun *Road Map* acuan pelaksanaan bisnis Perusahaan dalam jangka panjang (5 tahun).

BUSINESS OUTLOOK

We believe that the health industry, which is the main business sector for Pertamedika IHC, still has bright prospects for the next few years. This is motivated by the increasing awareness of the Indonesian people towards healthy patterns and lifestyles, so that people's dependence on optimal health services and facilities also increases.

To seize business opportunities to improve the Company's performance and excellence in a sustainable manner in the future, Pertamedika IHC has prepared a Road Map as a reference for implementing the Company's business in the long term (5 years).

***Roadmap* Pertamedika IHC**

Pertamedika IHC Roadmap

Building the Foundation 2022	Accelerating Beyond Covid-19 2023 - 2024	Cementing Market Leadership 2025 - 2026
• **Pelaksanaan 9 *Strategic Transformation Plan* IHC:** dengan peningkatan target revenue dan peningkatan target efisiensi / **Implementation of 9 Strategic Transformation Plans of IHC**: by increasing revenue targets and increasing efficiency targets • **Penyelesaian Digitalisasi seluruh TS:** dengan penerapan *One Solution System* (OSS) dan implementasi layanan berbasis *Telemedicine* / **Completion of Digitizing all TS:** by implementing One Solution System (OSS) and implementing Telemedicine-based services • ***Healthcare Insurance*:** membangun kerjasama asurabnsi untuk meningkatkan jumlah pengunjung dan pasien / **Healthcare Insurance:** build insurance partnerships to increase the number of visitors and patients • **IoT & *onsite clinics for BUMN Synergy*:** menggunakan perlengkapan berbasis IoT untuk pekerja BUMN jarak jauh; meningkatkan jumlah *onsite clinics* di lokasi-lokasi BUMN / **IoT & onsite clinics for BUMN Synergy:** using IoT-based tools for remote SOE workers; increase the number of onsite clinics in BUMN locations • **Penambahan COE di setiap Rumah Sakit:** sebagai salah satu strategi penciptaan *revenue stream* baru dan penguasaan pasar / Adding COE in each Hospital: as one of the strategies for creating new revenue streams and controlling the market • **Pembangunan Rumah Sakit Baru:** Target 7 RS baru, dimana 2 RS akan selesai di Tahun 2020 (RS Makassar & RS Balikpapan) / **New Hospital Construction:** Target 7 new hospitals, of which 2 hospitals will be completed in 2020 (Makassar Hospital & Balikpapan Hospital) • **Akuisisi RS BUMN dan Swasta:** dalam rangka Holding RS BUMN dan peningkatan pasar / **Acquisition of SOE and Private Hospitals:** in the context of Holding SOE Hospitals and increasing the market • **Pelaksanaan *Unlock Value*:** *Strategic Partner*, IPO Preparation / **Implementation of Unlock Value:** Strategic Partner, IPO Preparation	• **Kerjasama dengan RS Internasional:** untuk meningkatkan kualitas layanan dengan teknologi canggih / **Cooperation with International Hospitals:** to improve service quality with advanced technology • **CONGO mix:** optimisasi *specialty mix* yang dimulai dari ~20% hingga ~30% pada 16 RS / **CONGO mix:** optimization of specialty mix from ~20% to ~30% at 16 RS • **IT *Infrastructure & Advance* penggunaan teknologi:** implementasi *big data analytics* dan membangun pusat data / **IT Infrastructure & Advance use of technology:** implementing big data analytics and building data centers • **Laboratory & Pharmacy:** membangun laboratorium & jaringan farmasi IHC untuk meningkatkan skala operasi / **Laboratory & Pharmacy:** build IHC pharmaceutical laboratories & network to scale up operations • ***Medial Tourism*:** pengoperasioan RS Internasional Bali di Kawan Ekonomi Khusus Kesehatan / **Medial Tourism:** operation of the Bali International Hospital in Special Economics for Health • **Akuisisi RS BUMN dan Swasta:** melanjutkan program akuisisi RS / **SOE and Private Hospital Acquisition:** continue the RS acquisition program • **Pelaksanaan *Unlock Value*:** *Initial Public Offering* (IPO) / **Implementation of Unlock Value:** Initial Public Offering	• ***Centers of Excellence*:** melakukan pengembangan COE lebih lanjut / **Centers of Excellence:** carry out further COE development • ***Global Market Medical Tourism*:** pengembangan Pariwisata Medis dengan pengembangan layanan di Bali International Hospital, menghadirkan jasa kesehatan kelas dunia dengan target pasar global / **Global Market Medical Tourism:** development of Medical Tourism with the development of services at Bali International Hospital, presenting world-class health services with a global market target • **Penguasaan Pasar Layanan Teknologi Canggih:** penggunan *Robotic Surgery*, *Proton Beam Radiotherapy* / **Market Domination of Advanced Technology Services:** use of Robotic Surgery, Proton Beam Radiotherapy • **Akuisisi RS BUMN dan Swasta:** melanjutkan program akuisisi RS / **SOE and Private Hospital Acquisition:** continue the RS acquisition program • **Pengoperasian RS di Luar Negeri:** untuk menunjang kebutuhan pasa Jemaah Haji di Mekkah dan lokasi lain / **Operation of Hospitals Abroad:** to support the needs of Hajj pilgrims in Mecca and other locations

PERUBAHAN SUSUNAN DIREKSI

Pada tahun 2021, komposisi anggota Direksi Pertamedika IHC mengalami perubahan. Pertama, berdasarkan Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Media IHC tanggal 14 Maret 2021 tentang Pengangkatan Direksi dengan menyetujui untuk mengangkat Bapak Asep Saepul Rohmat sebagai Direktur Medis. Kemudian berdasarkan Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Media IHC tanggal 9 Juni 2021 tentang Perubahan Nomenklatur Jabatan, Pengalihan Tugas Anggota Direksi, Pemberhentian dan Pengangkatan Direksi, serta Pengangkatan Anggota Dewan Komisaris menyetujui pengangkatan Bapak Budirahardjo Legowo sebagai Direktur Keuangan dan Manajemen Risiko dan Ibu Mira Dyah Wahyuni sebagai Direktur Operasi.

Dengan demikian, susunan Direksi PT Pertamina Bina Medika IHC adalah sebagai berikut:

Direktur Utama : Fathema Djan Rachmat
Direktur Keuangan dan Manajemen Risiko : Budirahardjo Legowo
Direktur Medis : Asep Saepul Rohmat
Direktur Operasi : Mira Dyah Wahyuni

CHANGES IN BOARD OF DIRECTORS COMPOSITION

There were changes in composition of the Board of Directors of Pertamedika IHC in 2021. First, the Circular Resolution of Shareholders of PT Pertamina Bina Media IHC dated March 14, 2021 regarding the Appointment of the Board of Directors approved the appointment of Mr. Asep Saepul Rohmat as Director of Medical. Then based on the Circular Resolution of Shareholders of PT Pertamina Bina Media IHC dated June 9, 2021 regarding Changes in Position Nomenclature, Transfer of Duties of Members of the Board of Directors, Dismissal and Appointment of Directors, and Appointment of Members of the Board of Commissioners approved the appointment of Mr. Budirahardjo Legowo as Director of Finance and Risk Management and Mrs. Mira Dyah Wahyuni as Director of Operations.

Thus, the composition of the Board of Directors of PT Pertamina Bina Medika IHC is as follows:

President Director : Fathema Djan Rachmat
Director of Finance and Risk Management : Budirahardjo Legowo
Director of Medical : Asep Saepul Rohmat
Director of Operations : Mira Dyah Wahyuni

Seluruh jajaran Direksi dan Insan Perseroan mengucapkan terima kasih kepada Bapak Catur Dermawan dan Bapak Antonius Rainier Haryanto atas kontribusi, dedikasi, dan kerja keras yang telah diberikan selama menjabat sebagai Direksi Pertamedika IHC, sehingga Perseroan dapat menorehkan kinerja dan pertumbuhan usaha.

APRESIASI DAN PENUTUP

Tahun 2021 mulai menunjukkan tren yang positif pada pertumbuhan ekonomi secara keseluruhan walaupun belum maksimal. Perseroan masih mencatatkan kinerja yang positif serta mewujudkan kontribusi nyata dalam penanganan pandemi ini dengan berbekal kapasitas dan kapabilitas yang dimiliki. Atas pencapaian tersebut, seluruh jajaran Direksi mengucapkan terima kasih kepada seluruh insan Pertamedika IHC atas dedikasi, semangat, dan kerja keras yang diberikan sehingga Perseroan dapat menjalankan produktivitas dan mencetak pertumbuhan usaha selama tahun 2021. Tak lupa kami sampaikan terima kasih kepada Pemegang Saham dan Dewan Komisaris atas arahan, nasihat, dan rekomendasi sehingga Direksi dapat menyempurnakan kinerja pengelolaan dalam satu integrasi visi, misi, dan tujuan Perusahaan.

Apresiasi setinggi-tingginya kami sampaikan kepada pemangku kepentingan lainnya atas loyalitas dan kepercayaan yang diberikan sehingga Perseroan kian termotivasi untuk mengemban dan menjalankan amanahnya dalam menyediakan pelayanan kesehatan yang optimal dan prima bagi masyarakat Indonesia. Dengan berbekal semangat dan optimisme perbaikan ke depan, Perseroan akan melanjutkan misi dan mencapai visi kami untuk menjadi korporasi bisnis kesehatan terdepan dan terpercaya serta unggul dengan berbekal komitmen terhadap pengelolaan perusahaan yang komprehensif serta prinsip korporasi yang sehat, jujur, dan transparan.

The entire Board of Directors and Personnel of the Company would like to express our gratitude to Mr. Catur Dermawan and Mr. Antonius Rainier Haryanto for the contribution, dedication, and hard work that have been given during their tenure as Directors of Pertamedika IHC, so that the Company can carve performance and business growth.

APPRECIATION AND CLOSING

The year 2021 begins to show a positive trend in overall economic growth, although it is not yet maximal. The Company still recorded a positive performance and made a real contribution in handling this pandemic armed with its capacity and capabilities. For this achievement, the entire Board of Directors would like to thank all personnel of Pertamedika IHC for their dedication, enthusiasm, and hard work so that the Company can carry out productivity and print business growth throughout 2021. We would also like to extend our gratitude to the Shareholders and the Board of Commissioners for direction, advice, and recommendations so that the Board of Directors can improve management performance in an integrated vision, mission, and goals of the Company.

Our highest appreciation also goes to other stakeholders for their loyalty and trust so that the Company is increasingly motivated to carry out its mandate in providing optimal and prime health services for the people of Indonesia. With enthusiasm and optimism as the foundation for future improvements, the Company will continue its mission and achieve our vision to become a leading and trusted and superior health business corporation armed with a commitment to comprehensive corporate management and corporate principles that are healthy, honest and transparent.

Jakarta, April 2022 / April, 2022
Atas nama Direksi / On behalf of the Board of Directors

Fathema Djan Rachmat
Direktur Utama / President Director
PT Pertamina Bina Medika IHC

03

PROFIL PERUSAHAAN

Company Profile

IDENTITAS PERUSAHAAN
Company Identity

Nama Perusahaan / Company Name	**PT. Pertamina Bina Medika *Indonesia Healthcare Corporation* (Pertamedika IHC)**
Perubahan Nama Perusahaan / Changes in Company Name	• PT. RSPP (1997-2001) • PT. Pertamina Bina Medika (Pertamedika) (2002-2018) • PT. Pertamina Bina Medika *Indonesia Healthcare Corporation* (Pertamedika IHC) (2018-Sekarang / 2018-present)
Tanggal Pendirian / Date of Establishment	21 Oktober 1997 / October 21, 1997
Dasar Hukum Pendirian / Legal Basis of Appointment	Pendirian PT Pertamina Bina Medika (d/h PT RSPP) No. 30 tanggal 21 Oktober 1997, dibuat di hadapan Notaris Ny. Sulami Mustafa, SH di Jakarta dan telah mendapat pengesahan Menteri Kehakiman Republik Indonesia berdasarkan Keputusan No. C2-18 HT.01.01.Th.98 tanggal 12 Januari 1998 / Establishment of PT Pertamina Bina Medika (formerly PT RSPP) No. 30 dated October 21, 1997, made before Notary Mrs. Sulami Mustafa, S.H., in Jakarta and has been approved by the Minister of Justice of the Republic of Indonesia based on Decree No. C2-18 HT.01.01.Th.98 dated January 12, 1998
Badan Hukum Perusahaan / Legal Status	Badan Hukum Perusahaan / Legal Status
Jaringan Layanan / Service Network	• 36 Rumah Sakit BUMN / 36 SOE Hospitals • 8 Anak Perusahaan / 8 Subsidiaries • 39 RS KSO / 39 Joint Operation Hospitals • 162 Jaringan Klinik Pertamedika IHC / 162 Pertamina IHC Clinic Networks
Bidang Usaha / Line of Business	Jasa Layanan Kesehatan / Health Care Services
Produk/Jasa	a. Rumah Sakit / Hospitals b. *Managed Care* c. *On Site Clinic Management* d. *Medical Evaluation* e. *Homecare* f. *Training Center* g. Sanitasi Lingkungan / Environmental Sanitation h. *Baby Daycare* i. Pendampingan Ambulans dan Tim Medis / Ambulance and Medical Assistance Service j. Pengelolaan RS Milik Pihak Ketiga / Management of Third Party's Hospitals

IDENTITAS PERUSAHAAN
Company Identity

Modal Dasar / Authorized Capital	Rp10.000.000.000.000,00 (sepuluh triliun rupiah), yang terbagi atas 100.000.000 (seratus juta) lembar saham, dengan masing-masing saham bernilai Rp100.000,00 (seratus ribu rupiah) / Rp10,000,000,000,000.00 (ten trillion rupiah), divided into 100,000,000 (one hundred million) shares, with each share having a value of Rp100,000.00 (one hundred thousand rupiah)
Modal Ditempatkan dan Disetor Penuh / Issued and Fully Paid Capital	Rp2.921.776.200.000,00 (dua triliun sembilan ratus dua puluh satu miliar tujuh ratus tujuh puluh enam juta dua ratus ribu rupiah). / Rp2,921,776,200,000.00 (two trillion nine hundred twenty-one billion seven hundred seventy-six million two hundred thousand rupiah).
Kepemilikan / Ownership	• PT. Pertamina (Persero): 81,1% • PT. Pelabuhan Indonesia (Persero): 6% • PT. Perkebunan Nusantara X: 5,6% • PT. Perkebunan Nusantara XI: 1,9% • PT Timah: 1,8% • PT. Perkebunan Nusantara XII: 1,7% • PT. Krakatau Steel (Persero): 0,8% • PT. Krakatau Industrial Estate Cilegon: 0,6% • PT. Krakatau Bandar Samudera: 0,4% • PT. Pertamina Pedeve Indonesia: 0,01%
Jumlah Karyawan per 31 Desember 2021 / Total Employees as of December 31, 2021	12.104 orang / 12,104 people
Total Aset per 31 Desember 2021 / Total Assets as of December 31, 2021	Rp7,4 triliun / trillion
Alamat Kantor Pusat / Head Office Address	RSPP Gedung H Lantai 5 – 6 Jl. Kyai Maya No. 43 Kebayoran Baru Jakarta Selatan 12120
Kontak Perusahaan / Company Contact	Telepon / Telephone : (021) 7219031/7219484/7219001 Faksimili / Facsimile : (021) 7247006 *Email* : info@pertamedika.co.id *Website* : www.pertamedika.co.id Facebook : Pertamina Bina Medika Instagram : @pertaminabinamedika

RIWAYAT SINGKAT PERUSAHAAN

Brief History of the Company

Pada tahun 1997 Rumah Sakit Pertamina kemudian menjadi Anak Perusahaan Pertamina dalam bentuk Perseroan Terbatas dengan nama PT RSPP. PT RSPP dinyatakan operasional pada tanggal 1 April 1999 dan tidak lagi hanya melayani perawatan dan pengobatan kesehatan pekerja Pertamina dan keluarganya, tetapi juga melayani masyarakat umum.

In 1997, Pertamina Hospital became the subsidiary of Pertamina, taking Limited Liability Company as its legal form of business entity, under the name of PT RSPP. PT RSPP commenced its operation on April 1, 1999 and no longer only provide health care services and medical treatment for Pertamina's employees and their families, but also serves public in general

Rumah Sakit Pertamina didirikan pada tahun 1967 atas gagasan Dr. Ibnu Soetowo yang saat itu menjabat sebagai Direktur Utama Pertamina. Rumah Sakit tersebut kemudian diresmikan pada tahun 1972 oleh Presiden RI saat itu yaitu Jenderal Soeharto. Pada awal pendiriannya, Rumah Sakit Pertamina hanya dikhususkan untuk melayani perawatan dan pengobatan kesehatan pekerja Pertamina dan keluarganya. Namun, diawali dari komitmen untuk kembali kepada kegiatan inti, berupa pengelolaan sumber daya minyak dan gas bumi, maka Pertamina melepaskan kegiatan-kegiatan yang tidak secara langsung berhubungan dengan *core business*. Oleh karena itu, pada tahun 1997 Rumah Sakit Pertamina kemudian menjadi Anak Perusahaan Pertamina dalam bentuk Perseroan Terbatas dengan nama PT RSPP. PT RSPP dinyatakan operasional pada tanggal 1 April 1999 dan tidak lagi hanya melayani perawatan dan pengobatan kesehatan pekerja Pertamina dan keluarganya, tetapi juga melayani masyarakat umum. PT RSPP beroperasi saat itu dengan 6 unit usaha, yaitu RSPP, RSP Jaya, RSP Balikpapan, RSP Cirebon, RSP Tanjung, dan RSP Prabumulih. Selain itu, PT RSPP juga memiliki Akademi Keperawatan (Akper).

The Pertamina Hospital was founded in 1967 based on the idea of Dr. Ibnu Soetowo, who served as the President Director of Pertamina at that time. The hospital was inaugurated in 1972 by the then President of Indonesia, Soeharto. Initially, Pertamina Hospital provided health services only for Pertamina's employees and families. However, as Pertamina decided to return to its core activities, namely the oil and gas businesses, it spun off its business units that were not directly related to its core business. Therefore, in 1997, Pertamina Hospital became the subsidiary of Pertamina, taking Limited Liability Company as its legal form of business entity, under the name of PT RSPP. PT RSPP commenced its operation on April 1, 1999 and no longer only provide health care services and medical treatment for Pertamina's employees and their families, but also serves public in general. At that time, PT RSPP operated with 6 business units, namely RSPP, RSP Jaya, RSP Balikpapan, RSP Cirebon, RSP Tanjung, and RSP Prabumulih. In addition, PT RSPP also has a Nursing Academy (Akademi Keperawatan - Akper).

Kemudian di tahun 2002, PT RSPP diubah namanya menjadi PT Pertamina Bina Medika, atau yang saat ini lebih dikenal dengan nama "Pertamedika". Sejak tahun 2002 Pertamedika terus mengembangkan usahanya di bidang layanan kesehatan. Tahun 2006, Pertamedika membentuk unit usaha baru yaitu Pertamedika Hospital Tarakan (PHT).

Then in 2002, PT RSPP changed name into PT Pertamina Bina Medika, or better known today as "Pertamedika". Since 2002, Pertamedika has continued to expand its business in the field of health care services. In 2006, Pertamedika formed a new business unit, namely Pertamedika Hospital Tarakan (PHT).

Menindaklanjuti arahan Pemegang Saham pada RUPS Tahunan Pertamedika tahun 2008, di mana seluruh RS Pertamina yang masih dikelola oleh PT Pertamina (Persero) akan dialihkelolakan kepada Pertamedika. Hal ini mulai terwujud sejak tahun 2010 dengan dialihkelolakannya RS Pertamina Sorong dan alih kelola RS Pertamina Plaju, RS Pertamina Pangkalan Brandan di tahun 2011. Selain itu, di tahun 2011 Pertamedika juga mengembangkan bisninya melalui Kerja Sama Operasi (KSO) Pengelolaan RS dengan pihak swasta yaitu dengan PT Bintang Amin Husada untuk mengelola RS Pertamina-Bintang Amin yang berlokasi di Lampung, dilanjutkan dengan KSO RS dengan PT Baiturrahim untuk mengelola RS Baiturrahim yang berlokasi di Jambi dan KSO RS dengan PT Rosnati untuk mengelola RS Pertamedika Ummi Rosnati yang berlokasi di Aceh.

Following up on the direction of the Shareholders at the Pertamedika Annual GMS in 2008, stipulating that all Pertamina hospitals under the management of PT Pertamina (Persero) to be transferred to Pertamedika. This began in 2010 with the management transfer of Pertamina Hospital Sorong, followed by Pertamina Hospital Plaju, and Pertamina Hospital Pangkalan Brandan in 2011. In addition, in 2011 Pertamedika developed its business through Joint Operations (JO) of Hospital Management with private parties, namely PT Bintang Amin Husada to manage Pertamina-Bintang Amin Hospital located in Lampung, followed by JO with PT Baiturrahim to manage Baiturrahim Hospital located in Jambi and JO with PT Rosnati to manage the Ummi Rosnati Pertamedika Hospital located in Aceh.

Awal tahun 2018 juga ditandai dengan alih kelola 3 RS Pertamina yaitu, RS Pertamina Cilacap, RS Pertamina Balongan dan RS Dumai. Hingga saat ini Pertamedika telah mengelola 13 RS Pertamina, 3 RS KSO dan 39 RS Milik BUMN. Jaringan layanan kesehatan Pertamedika juga terus berkembang dan tidak terbatas pada rumah sakit dengan *brand* "RS Pertamina", tetapi juga didukung oleh lebih dari 127 rumah sakit swasta dan klinik di seluruh wilayah Indonesia sebagai jejaring *provider* layanan kesehatan.

The beginning of 2018 was also marked by the transfer of management of 3 Pertamina Hospitals, namely, RS Pertamina Cilacap Hospital, RS Pertamina Balongan and RS Dumai. As of today, Pertamedika is managing 13 Pertamina Hospitals, 3 JO Hospitals and 39 SOE-owned Hospitals. Pertamedika's health service network also strives to expand and is not limited to hospitals with the "Pertamina Hospital" brand, but is also supported by more than 127 private hospitals and clinics throughout Indonesia as a network of health service providers.

Pada 27 November 2018, pemegang saham mengeluarkan Keputusan Pemegang Saham Secara Sirkuler tentang perubahan nama perseroan dari PT Pertamina Bina Medika menjadi PT Pertamina Bina Medika IHC. Perubahan nama ini telah dimuat dalam Akta No. 18 tanggal 5 Desember 2018, dibuat di hadapan Adi Triharso, SH, Notaris di Jakarta, yang telah mendapat persetujuan dari Menteri Hukum dan Hak Asasi Manusia Republik Indonesia Nomor AHU-0031859.AH.01.02 tahun 2018 tanggal 21 Desember 2018.

On November 27, 2018, the shareholders issued a Circular Shareholders' Decree regarding the change of the company's name from PT Pertamina Bina Medika to PT Pertamina Bina Medika IHC. This name change has been contained in the Deed No. 18 dated 5 December 2018, made before Adi Triharso, SH, Notary in Jakarta, which has received approval from the Minister of Law and Human Rights of the Republic of Indonesia Number AHU-0031859.AH.01.02 of 2018 dated December 21, 2018.

Konsolidasi RS BUMN telah dimulai sejak tahun 2016, di mana melalui Surat Menteri BUMN Republik Indonesia No. S-736/MBU/12/2016 tanggal 21 Desember 2016 perihal Pembentukan Holding RS BUMN, PT Pertamina Bina Medika ditetapkan sebagai Holding Rumah Sakit BUMN. Visi PT Pertamina Bina Medika IHC (selanjutnya disebut PT PERTAMEDIKA IHC) untuk membangun Korporasi kesehatan Indonesia dengan mewujudkan ketahanan kesehatan Nasional dilakukan dalam rangka mendukung Program Nawacita Pemerintah RI ke-5 serta 3 Pilar yaitu Indonesia sehat. Dengan misi untuk membangun kolaborasi ekosistem bidang usaha kesehatan, melakukan aksi korporasi terhadap bisnis kesehatan, memberikan pelayanan kesehatan dengan standar terbaik dan menciptakan model bisnis baru serta integrasi data kesehatan berbasis digital. Penerjemahan ketahanan kesehatan Indonesia melalui penguasaan pasar kesehatan dan membangun kedaulatan rantai suplai kesehatan diupayakan dengan pembentukan ekosistem bidang kesehatan sesuai sasaran strategi dengan melakukan konsolidasi atau integrasi RS BUMN dan menjadi agen pembangunan.

The consolidation of SOE Hospitals was started in 2016, where through the Letter of the Minister of SOEs of the Republic of Indonesia No. S-736/MBU/12/2016 dated December 21, 2016 regarding the Establishment of a BUMN Hospital Holding, PT Pertamina Bina Medika was designated as a SOE Hospital Holding. The vision of PT Pertamina Bina Medika IHC (hereinafter referred to as PT PERTAMEDIKA IHC) to build an Indonesian Health Corporation by realizing national health resilience is carried out in order to support the 5th RI Government Nawacita Program and 3 Pillars, namely healthy Indonesia. With a mission to build a collaborative ecosystem in the health business sector, take corporate actions on the health business, provide health services with the best standards and create new business models and digital-based health data integration. The translation of Indonesia's health resilience through control of the health market and building the sovereignty of the health supply chain is pursued by establishing a health sector ecosystem according to the strategic objectives by consolidating or integrating SOE hospitals and becoming agents of development.

Integrasi RS BUMN yang merupakan salah satu langkah awal Pembentukan Holding RS BUMN akan dilakukan dalam 3 tahap.

a. Fase 1: Tahapan awal untuk menetapkan posisi pasar yang dapat direalisasi dalam jangka pendek (tahun 2019 – 2020), di mana pengembangan Anggota Grup RS BUMN akan dilakukan dengan tujuan utama menetapkan fondasi bagi pengembangan Grup RS BUMN ke depannya. PT Rumah Sakit Pelni ("**RS Pelni**") merupakan target awal pengembangan Grup IHC.
b. Fase 2: Tahapan untuk mengembangkan pangsa pasar untuk *scaling-up* yang dapat direalisasi dalam jangka waktu menengah (tahun 2020) di mana 7 PT Rumah Sakit BUMN utama ditetapkan sebagai target potensial pengembangan tahapan selanjutnya, guna membangun skala bisnis yang besar dan kuat. Ketujuh PT rumah sakit ini merupakan bagian dari grup Rumah Sakit BUMN besar di Indonesia:
   - PT Pelindo Husada Citra ("**PHC**") – PT Pelabuhan Indonesia III (Persero)
   - PT Krakatau Medika ("**Krakatau Medika**") – PT Krakatau Steel (Persero) Tbk

The integration of the SOE Hospitals, one of the initial steps for the establishment of the SOE Hospital Holding, is carried out in 3 stages.

a. Phase 1: The initial stage is to establish a market position that can be realized in the short term (2019 – 2020), in which the development of the SOE Hospital Group Members will be carried out with the main objective of establishing the foundation for the future development of the SOE Hospital Group. PT Rumah Sakit Pelni ("**Pelni Hospital**") was the initial target for the development of the IHC Group.
b. Phase 2: Stage to develop market share for scaling-up that can be realized in the medium term (in 2020) in which 7 main state-owned hospitals are designated as potential targets for the next stage of development, in order to build a large and strong business scale. These seven hospital limited liability companies are part of the large SOE Hospital group in Indonesia:
   - PT Pelindo Husada Citra ("**PHC**") – PT Pelabuhan Indonesia III (Persero)
   - PT Krakatau Medika ("**Krakatau Medika**") – PT Krakatau Steel (Persero) Tbk

- PT Rumah Sakit Pelabuhan ("**RS Pelabuhan**") – PT Pelabuhan Indonesia II
- PT Rumah Sakit Bakti Timah ("**RSBT**") - PT Timah
- PT Nusantara Medika Utama ("**NMU**") – PT Perkebunan Nusantara X
- PT Nusantara Sebelas Medika ("**NSM**") - PT Perkebunan Nusantara XI
- PT Rolas Nusantara Medika ("**RNM**") - PT Perkebunan Nusantara XII

c. Fase 3: Tahapan untuk mewujudkan posisi *market leader* (tahun 2021 dan seterusnya) dan perwujudan Grup RS BUMN yang menyeluruh di mana seluruh Rumah Sakit BUMN akan menjadi bagian dari grup melalui konsep *operatorship-membership* dengan 18 anak Perusahaan BUMN yang membawahi 35 RS. Selain itu, kerja sama *operatorship* dengan RS pendidikan yaitu RS Universitas Indonesia.

Untuk mewujudkan konsolidasi RS BUMN, sebagai langkah awal, Pertamedika IHC telah menandatangani Perjanjian Kerja Sama Pengelolaan Rumah Sakit Milik BUMN/ Anak Perusahaan BUMN dan/atau afiliasinya (*Operatorship*), antara lain dengan PT Cut Meutia Nusantara Medika, PT Tembakau Deli Medika, PT Sri Pamela Nusantara Medika, PT Prima Medica Nusantara, PT Nusa Lima Medika, PT Agro Medika Nusantara, PT Nusantara Medika Utama, PT Nusantara Sebelas Medika, PT Rolas Medika Nusantara, PT Pelindo Husada Citra, PT Prima Husada Cipta, PT RS Bakti Timah, PT RS Pelni, dan PT Krakatau Medika sejak tahun 2017.

Selanjutnya, Pertamedika IHC melaksanakan fase 1 dan fase 2 dari integrasi RS BUMN melalui aksi korporasi 1 dan 2. Aksi korporasi tahap 1 dan tahap 2 telah selesai di tahun 2020 dengan ditandatanganinya Perjanjian Pemegang Saham antara PT Pertamina Bina Medika IHC dengan Pemegang Saham dari 8 entitas pemilik RS BUMN, antara lain PT RS Pelni, PT Nusantara Medika Utama, PT Nusantara Sebelas Medika, PT Rolas Medika Nusantara, PT Pelindo Husada Citra, PT RS Bakti Timah, PT Krakatau Medika dan PT Rumah Sakit Pelabuhan.

Di tahun 2020, PT Pertamina Bina Medika IHC juga telah menyelesaikan aksi korporasi fase 3 dengan ditandatanganinya Perjanjian Kerja Sama *Operatorship Management* Model dengan 18 anak Perusahaan BUMN yang membawahi 35 RS. Selain itu, kerja sama *operatorship* dengan RS pendidikan yaitu RS Universitas Indonesia.

Di tahun 2021, PT Pertamina Bina Medika IHC juga menambah jaringan RS nya melalui kerja sama *operatorship* dengan RS Ukrida, RS Haji dan RS Syafira. Sehingga, saat ini PT Pertamina Bina Medika IHC telah memiliki 8 Anak Perusahaan serta mengelola 36 Rumah Sakit BUMN dan 39 RS KSO.

- PT Pelabuhan Hospital ("**Pelabuhan Hospital**") – PT Pelabuhan Indonesia II
- PT Rumah Sakit Bakti Timah ("**RSBT**") - PT Timah
- PT Nusantara Medika Utama ("**NMU**") – PT Perkebunan Nusantara X
- PT Nusantara Sebelas Medika ("**NSM**") - PT Perkebunan Nusantara XI
- PT Rolas Nusantara Medika ("**RNM**") - PT Perkebunan Nusantara XII

c. Phase 3: Stage to realize the market leader position (in 2021 and beyond) and the realization of a comprehensive SOE Hospital Group where all SOE Hospitals will become part of the group through the operatorship-membership concept with 18 SOE subsidiaries that oversee 35 hospitals. In addition, the operatorship cooperation with the teaching hospital, namely RS Universitas Indonesia.

To realize the consolidation of SOE Hospitals, as a first step, Pertamedika IHC has signed a Cooperation Agreement for the Management of Hospitals Owned by SOE/SOE Subsidiaries and/ or its affiliates (Operatorship), including with PT Cut Meutia Nusantara Medika, PT Tembakau Deli Medika, PT Sri Pamela Nusantara Medika, PT Prima Medica Nusantara, PT Nusa Lima Medika, PT Agro Medika Nusantara, PT Nusantara Medika Utama, PT Nusantara Sebelas Medika, PT Rolas Medika Nusantara, PT Pelindo Husada Citra, PT Prima Husada Cipta, PT RS Bakti Timah, PT RS Pelni, and PT Krakatau Medika since 2017.

Furthermore, Pertamedika IHC carried out phase 1 and phase 2 of the integration of SOE Hospitals through corporate actions 1 and 2. The corporate actions phase 1 and phase 2 were completed in 2020 with the signing of the Shareholder Agreement between PT Pertamina Bina Medika IHC and Shareholders from 8 entities. SOE Hospital owners, including PT RS Pelni, PT Nusantara Medika Utama, PT Nusantara Sebelas Medika, PT Rolas Medika Nusantara, PT Pelindo Husada Citra, PT RS Bakti Timah, PT Krakatau Medika and PT Rumah Sakit Pelabuhan.

In 2020, PT Pertamina Bina Medika IHC has also completed its phase 3 corporate action with the signing of the Operatorship Management Model Cooperation Agreement with 18 state-owned companies that oversee 35 hospitals. In addition, the operatorship cooperation with the teaching hospital, namely RSUniversitas Indonesia.

In 2021, PT Pertamina Bina Medika IHC also expanded its hospital network through operatorship cooperation with Ukrida Hospital, Haji Hospital and Syafira Hospital. Thus, currently PT Pertamina Bina Medika IHC has 8 subsidiaries and manages 36 SOE Hospitals and 39 KSO Hospitals.

JEJAK LANGKAH
Milestone

1972

Pembangunan Rumah Sakit Pusat Pertamina

Construction of Pertamina Central Hospital

1997

Pendirian PT RSPP

Establishment of PT RSPP

1999

PT RSPP beroperasi dengan 6 unit usaha yaitu RSPP, RSPB, RPSJ, RSPC, RSPPbm, RSPT, dan Akper

PT RSPP operated 6 (six) business units, namely RSPP, RSPB, RPSJ, RSPC, RSPPbm, RSPT, and Akper

2002

Perubahan nama menjadi PT Pertamina Bina Medika

Change of name into PT Pertamina Bina Medika

2006

Penambahan Unit Usaha PHT

Addition of PHT business unit

2011

Penambahan unit usaha RSP Plaju, RSP Sorong, RSP Pangkalan Brandan & Rantau, serta RS KSO antara lain: RS Pertamina Bintang Amin, RS KSO Badak-Pertamedika dan Penambahan RS Joint Venture Pertamedika.

Additional business units of RSP Plaju, RSP Sorong, RSP Pangkalan Brandan & Rantau, and RSO RS include: Pertamina Bintang Amin Hospital, KSO Badak-Pertamedika Hospital and Addition of Joint Venture Hospital Pertamedika.

2013

Penambahan RS KSO yaitu RS Pekerja KBN

Addition of JO Hospital, namely KBN Workers Hospital

JEJAK LANGKAH
Milestone

2014

Penambahan RS KSO yaitu RS Aulia Sangatta dan RS Baiturrahim

Addition of JO Hospital, namely Aulia Sangatta Hospital and Baiturrahim Hospital

2016

- Penambahan RS KSO yaitu RS Pertamedika IHC Ummi Rosnati.
- Melepas seluruh saham sebesar 35% di RS Pertamedika IHC Sentul City

- Addition of JO Hospital, namely Ummi Rosnati Pertamedika IHC Hospital
- Divestment of all shares owned (35%) in Sentul City Pertamedika IHC Hospital

2017

Peluncuran IHC (Indonesia *Healthcare Corporation*)

Launching of IHC (Indonesia Healthcare Corporation)

2018

Alih Kelola 3 RS Pertamina yaitu RS Pertamina Cilacap, RS Pertamina Balongan, RS Pertamina Dumai & Perubahan Nama Perseroan dari PT Pertamina Bina Medika menjadi PT Pertamina Bina Medika IHC

Management transfer of 3 (three) Pertamina Hospitals, namely Pertamina Hospital Cilacap, Pertamina Hospital Balongan, and Pertamina Hospital Dumai, and change of Company's name from PT Pertamina Bina Medika into PT Pertamina Bina Medika IHC

2019

- Perubahan visi, misi, tata nilai & budaya
- Pemisahan RSP Pangkalan Brandan dan RSP Rantau

- Change of Company's vision, mission, values, and culture
- Separation of Pertamina Hospital Pangkalan Brandan with Pertamina Hospital Rantau

2020

Aksi Korporasi Fase I, II dan III, Pembentuk Klinik Pertamedika IHC menjadi unit bisnis, alih fungsi RSPJ menjadi RS khusus penanganan COVID-19 dan operasional RS Modular Simprug sebagai RS khusus penanganan COVID-19.

Phase I Corporate Action Acquisition of PT RS Pelni and Phase II Corporate Action Acquisition of 7 PT RS BUMN and Preparation for Phase III Operatorship/Ownership Model of Other SOE Hospitals.

2021

- Transformasi
- *Unlock Value*

- Transformation
- Unlock Value

VISI, MISI, DAN NILAI PERUSAHAAN

Vision, Mission, and Corporate Values

VISI

V I S I O N

Membangun Korporasi Kesehatan Indonesia untuk Mewujudkan Ketahanan Kesehatan Nasional

To Build Indonesian Health Corporation to Establish National Health Resilience.

MISI

M I S S I O N

1. Membangun kolaborasi ekosistem bidang usaha kesehatan
2. Melakukan aksi korporasi terhadap bisnis *health care* Indonesia
3. Memberikan pelayanan kesehatan dengan standar terbaik
4. Menciptakan model bisnis baru dan integrasi data kesehatan berbasis digital

1. Build collaborative ecosystem in the healthcare sector
2. Execute corporation actions towards Indonesian healthcare business
3. Provide healthcare service with the best standards
4. Create new business model and digital-based healthcare data integration

VISI, MISI, DAN NILAI PERUSAHAAN
Vision, Mission, and Corporate Values

NILAI PERUSAHAAN
CORPORATE VALUES

Amanah
Memegang teguh kepercayaan yang diberikan.

Trustworthy
Uphold the trust given.

Harmonis
Saling peduli dan menghargai perbedaan.

Harmonious
Mutual care and respect for differences.

Adaptif
Terus berinovasi dan antusias dalam menggerakkan perubahan.

Adaptive
Continue to innovate and be enthusiastic in driving or facing change.

AKHLAK

Kompeten
Terus belajar dan mengembangkan kapabilitas.

Competent
Continue to learn and develop capabilities.

Loyal
Berdedikasi dan mengutamakan kepentingan Bangsa dan Negara.

Loyal
Dedicated and prioritize the interests of the Nation and the State

Kolaboratif
Membangun kerja sama yang sinergis.

Collaborative
Build synergistic cooperation.

PERNYATAAN PENINJAUAN VISI, MISI, DAN NILAI PERUSAHAAN
Statement of Review on Vision, Mission, Values & Corporate Culture

Pada tahun 2020, Budaya Perusahaan mengalami perubahan sesuai dengan Surat Edaran Kementerian BUMN No. SE-7/MBU/07/2020 tentang Nilai-nilai Utama (Core Values) Sumber Daya Manusia Badan Usaha Milik Negara serta Surat Keputusan Direktur Utama PT Pertamina (Persero) No. Kpts-33/C00000/2020-S0 tanggal 8 September 2020 tentang Penerapan Nilai-nilai Utama (Core Values) Akhlak di Pertamina, Anak Perusahaan dan Afiliasinya, yang diperkuat dengan Surat Keputusan Direksi No. Kpts-1569/A00000/2020-S0 tanggal 21 September 2020.

In 2020, the Corporate Culture underwent changes in accordance with the Circular Letter of the Ministry of SOEs No. SE-7/MBU/07/2020 concerning Core Values of Human Resources of State-Owned Enterprises and Decree of the President Director of PT Pertamina (Persero) No. Kpts-33/C00000/2020-S0 dated September 8, 2020 concerning Implementation of Akhlak Core Values at Pertamina, its Subsidiaries, and Affiliates, which is strengthened by the Decree of the Board of Directors No. Kpts-1569/A00000/2020-S0 dated September 21, 2020.

BIDANG USAHA
Lines of Business

Sebagai perusahaan dengan pemilik mayoritas Pertamina (Persero) yang memiliki bisnis di bidang kesehatan, Pertamedika IHC sampai dengan saat ini telah memiliki 36 Rumah Sakit BUMN, 8 Anak Perusahaan, 39 RS KSO, dan 145 Jaringan Klinik Pertamedika IHC yang tersebar di seluruh Indonesia.

As a company with the majority owner of Pertamina (Persero) which has a business in the health care sector, Pertamedika IHC currently has 36 SOE Hospitals, 8 Subsidiaries, 39 KSO Hospitals, and 145 Pertamedika IHC Clinic Networks spread throughout Indonesia.

Berdasarkan Akta perubahan terakhir Anggaran Dasar PT Pertamina Bina Medika IHC No. 42 tanggal 7 Agustus 2020 yang dibuat oleh Aulia Taufani, SH Notaris di Jakarta, Perseroan melaksanakan kegiatan usaha sesuai KBLI 2017 sebagai berikut:

1. Aktivitas Rumah Sakit Swasta (KBLI-86103)
2. Aktivitas Poliklinik Swasta (KBLI-86104)
3. Aktivitas Rumah Sakit lainnya (KBLI-86109)
4. Aktivitas Praktik Dokter Umum (KBLI-86201)
5. Aktivitas Praktik Dokter Spesialis (KBLI-86202)
6. Aktivitas Praktik Dokter Gigi (KBLI-86203)
7. Aktivitas Pelayanan Kesehatan yang dilakukan oleh *paramedic* (KBLI-86901)
8. Aktivitas pelayanan kesehatan kesehatan tradisional (KBLI-86902)
9. Aktivitas pelayanan kesehatan penunjang kesehatan (KBLI-86903)
10. Aktivitas angkutan khusus pengangkutan orang sakit/*Medical Evacuation* (KBLI-86904)
11. Aktivitas sosial di dalam panti untuk penyandang disabilitas grahita (KBLI-87201)
12. Aktivitas sosial di dalam panti untuk penyandang disabilitas laras (KBLI-87202)
13. Aktivitas sosial di dalam panti untuk korban penyalahgunaan narkotika, alkohol, psikotropika dan zat adiktif (KBLI-87203)
14. Aktivitas sosial swasta di dalam panti untuk lanjut usia (KBLI-87302)
15. Aktivitas sosial swasta di dalam panti untuk penyandang disabilitas netra (KBLI-87303)
16. Aktivitas sosial swasta di dalam panti untuk penyandang disabilitas daksa (KBLI-87304)
17. Aktivitas sosial swasta di dalam panti untuk penyandang disabilitas rungu wicara (KBLI-87305)
18. Perdagangan eceran barang farmasi di apotik (KBLI-47722)
19. Aktivitas konsultasi *computer* dan manajemen fasilitas *computer* lainnya (KBLI-62029)
20. Aktivitas konsultasi manajemen lainnya (KBLI-70209)
21. Penyediaan akomodasi jangka pendek lainnya (KBLI-55299)
22. Aktivitas profesional, ilmiah dan teknis lainnya (KBLI-74909)
23. Aktivitas penyedia gabungan jasa penunjang fasilitas (81100)
24. Jasa kebersihan bangunan dan *industry* lainnya (KBLI-81290)
25. Industri pemberantasan hama (formulasi) (KBLI-20212)
26. Pendidikan kesehatan swasta (KBLI-85494)

Based on the latest amendment to the Articles of Association of PT Pertamina Bina Medika IHC No. 42 dated August 7, 2020 made by Aulia Taufani, S.H., Notary in Jakarta, the Company has carried out business activities in accordance with the 2017 KBLI, with the following description:

1. Private Hospital Activities (KBLI-86103)
2. Private Polyclinic Activities (KBLI-86104)
3. Other Hospital Activities (KBLI-86109)
4. General Practitioner Activities (KBLI-86201)
5. Specialist Doctor's Practice Activities (KBLI-86202)
6. Dental Practice Activities (KBLI-86203)
7. Health Service Activities carried out by paramedics (KBLI-86901)
8. Traditional health service activities (KBLI-86902)
9. Health supporting health service activities (KBLI-86903)
10. Special transportation activities for the transportation of sick people/Medical Evacuation (KBLI-86904)
11. Social activities in the orphanage for persons with mental disabilities (KBLI-87201)
12. Social activities in the orphanage for those with mental disabilities (KBLI-87202)
13. Social activities in orphanages for victims of narcotics, alcohol, psychotropic and addictive substance abuse (KBLI-87203)
14. Private social activities in nursing homes for the elderly (KBLI-87302)
15. Private social activities in orphanages for people with visual impairments (KBLI-87303)
16. Private social activities in orphanages for people with disabilities (KBLI-87304)
17. Private social activities in homes for people with hearing and speech disabilities (KBLI-87305)
18. Retail trade of pharmaceutical goods in pharmacies (KBLI-47722)
19. Computer consulting activities and other computer facilities management (KBLI-62029)
20. Other management consulting activities (KBLI-70209)
21. Provision of other short-term accommodation (KBLI-55299)
22. Other professional, scientific and technical activities (KBLI-74909)
23. Activities of combined providers of facilities supporting services (81100)
24. Building and other industrial cleaning services (KBLI-81290)
25. Pest eradication industry (formulation) (KBLI-20212)
26. Private health education (KBLI-85494)

PRODUK DAN JASA

Seiring dengan perkembangan industri kesehatan, Pertamedika IHC memiliki beberapa diferensiasi produk yang dapat dijelaskan sebagai berikut:

PRODUCTS AND SERVICES

Along with the development of the health industry, the Company also has several product differentiations as follows:

1. **Layanan Rawat Jalan**

   Layanan Rawat Jalan adalah pelayanan medis kepada seorang pasien untuk tujuan pengamatan, diagnosis, pengobatan, rehabilitasi, dan pelayanan kesehatan lainnya, tanpa mengharuskan pasien tersebut di rawat inap atau upaya yang dilakukan bagi penderita yang mempunyai keluhan kesehatan untuk memeriksakan atau mengatasi gangguan keluhan kesehatannya dengan mendatangi tempat pelayanan kesehatan modern atau tradisional tanpa menginap, termasuk mendatangkan petugas medis ke rumah pasien, pelayanan melalui tele-konsultasi, dan sebagainya.

2. **Layanan Rawat Inap**

   Instalasi rawat inap (opname) adalah istilah yang merupakan proses perawatan pasien oleh tenaga kesehatan profesional akibat penyakit tertentu, di mana pasien diinapkan di suatu ruangan di rumah sakit yang meliputi pelayanan kesehatan perorangan yang meliputi observasi, diagnosa, pengobatan serta monitoring intensif dari para petugas profesional medis dan perawatan, keperawatan dan rehabilitasi medik.

3. ***Managed Care***

   Managed Care adalah suatu sistem pengelolaan pelayanan kesehatan yang mengintegrasikan pengendalian pembiayaan, pengendalian utilisasi dan penyediaan perawatan kesehatan yang berbasiskan dokter keluarga dengan tanpa meninggalkan standar pelayanan medis yang berkualitas. *Managed Care* berbeda dengan asuransi yang memberikan pembatasan dalam pelayanan kesehatan karena melalui *Managed Care* para pelanggan dibantu untuk mendapatkan layanan kesehatan berkualitas yang didasarkan pada kebutuhan medis. Prinsip Kendali Mutu dan Kendali Biaya dijalankan dengan membangun budaya hidup sehat dari pekerja dan keluarganya yang sekaligus membantu mewujudkan efisiensi biaya kesehatan.

4. ***On Site Clinic Management* (OSCM)**

   Sistem yang mengatur tata laksana pelayanan kesehatan di lokasi perusahaan pelanggan, melalui pengiriman tenaga medis ke lokasi perusahaan. Dengan penyediaan tenaga medis yang

1. **Outpatient Services**

   Outpatient services are medical services to a patient for the purpose of observation, diagnosis, treatment, rehabilitation, and other health services, without requiring the patient to be hospitalized or efforts made for sufferers who have health complaints to check or overcome their health complaints by visiting modern or traditional health care services without overnight stays, including bringing medical personnel to patients' homes, tele-consultation services, and so on.

2. **Inpatient Services**

   Inpatient installation (hospitalization) is a term which is a process of patient care by professional health workers due to certain diseases, where patients are hospitalized in a room in a hospital which includes individual health services which include observation, diagnosis, treatment, and intensive monitoring from medical and treatment professionals, nursing and medical rehabilitation.

3. **Managed Care**

   Managed Care is a health service management system that integrates financial management, utilization control, and provision of health care services based on family doctor concept without compromising the medical service quality standards. Managed Care is different from insurance that provides restrictions in health services. Through Managed Care, customers are assisted to obtain a quality health care based on medical needs. Quality Control and Cost Control principles are executed by establishing a culture of healthy living for the employees and their families as well as helping to realize the health cost efficiency.

4. **On Site Clinic Management (OSCM)**

   This is a system that regulates the management of health services by sending medical personnel to the customer's company location. Through the provision of professional and

profesional dan berpengalaman, pelanggan dibantu untuk menjaga kesehatan para pekerjanya.

5. **Training Centre**

Pertamedika IHC memiliki, khususnya dan melaksanakan kegiatan pelatihan di Training Centre di Jakarta dan Balikpapan. Training yang dilakukan mencakup lingkup layanan kesehatan seperti *training Basic Life Support, First Aider, Emergency Response Plan*, Evakuasi Medis, Hiperkes, dan sebagainya.

6. ***Integrated Medical Check Up* (MCU)**

Layanan MCU Terpadu atau Integrated MCU memberikan pemeriksaan komprehensif dan dilengkapi peralatan diagnostic canggih. Proses pelaksanaan MCU dan keakuratan hasil merupakan prioritas dalam pelayanan MCU, karena akan sangat berimplikasi pada masa depan dan perjalanan karir pekerja. Pelayanan MCU yang terorganisasi dengan baik dengan hasil yang akurat akan membantu pihak SDM suatu perseroan dalam mengelola kesejahteraan pekerjanya dan meminimalkan ekstra biaya yang harus dikeluarkan oleh Perusahaan akibat kurang baiknya kesehatan pekerja. MCU ini juga dapat dilaksanakan di lokasi Perusahaan sesuai permintaan pelanggan.

7. **Sanitasi Lingkungan**

Pertamedika IHC berpengalaman dalam melakukan kegiatan sanitasi lingkungan dan melayani baik PT Pertamina (Persero), perusahaan swasta dan permintaan individu maupun kelompok dari masyarakat umum. Sanitasi lingkungan yang dilakukan antara lain kegiatan Pest Control yaitu upaya pengendalian serangga yang dapat menimbulkan penyakit atau gangguan kesehatan kepada manusia melalui tindakan *spraying, fogging, rodent control, termite control* dan kegiatan fumigasi maupun pemeriksaan air. Melalui kegiatan sanitasi lingkungan maka pelanggan dapat melakukan pencegahan sekaligus menjadikan lingkungan hidup yang sehat.

8. ***Home Health Care***

Pertamedika IHC memiliki fasilitas perawatan di rumah bagi pasien yang tidak dapat melaksanakan pemeriksaan atau perawatan di klinik maupun rumah sakit. Dalam hal perawatan di rumah, PT Pertamedika IHC menyediakan berbagai pelayanan perawatan dan terapi dan dilengkapi dengan peralatan medis yang dibutuhkan dalam perawatan pasien.

9. ***Baby Day Care***

Pertamedika IHC menawarkan fasilitas *Baby Day Care* di lingkungan Perusahaan yang membutuhkan perawatan anak di tempat kerjanya. Dalam hal ini Pertamedika IHC menyediakan tenaga perawat professional dibawah pengawasan dokter anak dan psikolog yang memprioritaskan kesehatan anak, pertumbuhan dan perkembangan anak pada setiap layanan.

experienced medical personnel, customers are helped to maintain the health of their employees.

5. **Training Center**

Pertamedika IHC conducts training activities at Training Centers in Jakarta and Balikpapan. The types of training are health service related and include training in Basic Life Support, First Aider, Emergency Response Plan, Medical Evacuation, Hiperkes (Company's health and hygiene), and so on.

6. **Integrated Medical Check Up (MCU)**

Integrated MCU service provides a comprehensive examination and is equipped with advanced diagnostic equipment. The MCU implementation process and the accuracy of the results are a priority in MCU services, because it will have very implications for the future and career journey of workers. A well-organized MCU service with accurate results will help the HR of a company in managing the welfare of its workers and minimize the extra costs that must be incurred by the company due to the poor health of workers. This MCU can also be implemented at the Company's location according to customer requests.

7. **Environmental Sanitation**

Pertamedika IHC is highly experienced in conducting environmental sanitation. The Company serves, among others, PT Pertamina (Persero), private companies, or individuals and groups from the public domain. One of the environmental sanitation activities are Pest Control, which is an effort to control insects that can cause disease or illness to humans. The sanitation activities are done through spraying, fogging, rodent control, termite control, fumigation activities, and water proofing. Through environmental sanitation activities, customers can take precautions as well as create a healthy living environment.

8. **Home Health Care**

Pertamedika IHC has home care facilities for patients who are unable to carry out examinations or treatment at clinics or hospitals. In terms of home care, PT Pertamedika IHC provides a variety of care and therapy services and is equipped with medical equipment needed in patient care.

9. **Baby Day Care**

Pertamedika IHC offers Baby Day Care facilities within the Company's environment that require child care in the workplace. In this case, Pertamedika IHC provides professional nurses under the supervision of pediatricians and psychologists who prioritize children's health, growth and development in each service.

10. *Ambulance Asistance & Medical Team*

Pertamedika IHC menawarkan layanan untuk pasien yang perlu dilakukan mobilisasi dari suatu tempat menuju tempat fasilitas medis yang dilakukan dibawah pengawasan tenaga medis professional dengan standard operasional internasional.

11. *COVID Care Center*

Pertamedika IHC memiliki fasilitas yang dikhususkan untuk pelayanan pasien dengan COVID-19, mulai dari IGD, Ruang Isolasi, Ruang Rawat, ICU/HCU, NICU/PICU yang semuanya dilengkapi dengan negative pressure dengan HEPA Filter, Ventilator, serta berbagai alat kesehatan canggih yang mampu menunjang kebutuhan pasien. Tenaga medis yang terlatih dan professional siap untuk melayani pasien COVID-19.

12. *COVID-19 Lab with Cobas*

Dengan adanya kasus COVID-19, Pertamedika IHC memiliki Laboratorium Khusus COVID-19 dengan standar tinggi dan didukung dengan mesin Cobas yang dapat menghasilkan hasil yang dapat diandalkan dan berkualitas tinggi pada individu yang dicurigai terjangkit COVID-19. Sehingga dengan asesmen COVID-19 yang dilakukan, dapat diketahui apakah pasien memiliki resiko terkena oleh patogen COVID-19 yang mampu menyebabkan gangguan pernapasan parah, komplikasi dan potensi kematian.

13. *General & Specialized Surgery*

Pertamedika IHC fasilitas *General & Specialized Surgery* yang didukung oleh alat kesehatan yang canggih dan dokter serta tim ahli yang terlatih untuk mengelola spektrum luas kondisi bedah yang mempengaruhi hampir semua area tubuh. Ahli bedah dapat memberikan diagnosis dan memberikan perawatan pra operasi, operasi, dan pasca operasi untuk pasien, baik pada bedah umum ataupun bedah dengan spesialisasi tertentu seperti cardiothoracic surgery, colon and rectal surgery, general surgery, gynecology and obstetrics, gynecologic oncology, neurological surgery, ophthalmic surgery, oral and maxillofacial surgery, orthopaedic surgery, otorhinolaryngology, pediatric surgery, plastic and maxillofacial surgery, urology, dan vascular surgery.

14. *Occupational Health and Industrial Hygiene (OHIH)*

Pertamedika IHC memiliki layanan Occupational Health and Industrial Hygiene atau OHIH, guna melindungi karyawan dan juga perusahaan. Mematuhi peraturan kesehatan dan keselamatan kerja bukan hanya dapat menyediakan helm dan pakaian pelindung. Di tempat kerja terdapat beberapa hal yang dapat dapat menjadi sumber risiko, contohnya adalah paparan gas dan radiasi, serta bahaya yang berkaitan dengan kontrol suhu, kebisingan, dan kontaminasi mikropolutan. Tim layanan lingkungan kami dapat membantu memberikan gambaran lengkap tentang OHIH. Kami akan memberikan rencana yang berkelanjutan untuk mengatasi masalah apa pun yang ditemukan di tempat kerja.

10. Ambulance Assistance & Medical Team

Pertamedika IHC offers services for patients who need to be mobilized from a place to a medical facility which is carried out under the supervision of professional medical personnel with international operational standards.

11. COVID Care Center

Pertamedika IHC has facilities devoted to the care of patients with COVID-19, starting from the ER, Isolation Room, Treatment Room, ICU/HCU, NICU/PICU, all of which are equipped with negative pressure with HEPA Filters, Ventilators, as well as various sophisticated medical devices capable of supporting patient needs. Trained and professional medical personnel are ready to serve COVID-19 patients.

12. COVID-19 Lab with Cobas

With the COVID-19 case, Pertamedika IHC has a COVID-19 Special Laboratory with high standards and is supported by a Cobas machine that can produce reliable and high-quality results on individuals suspected of contracting COVID-19. So that with the COVID-19 assessment carried out, it can be known whether the patient has a risk of being exposed to the COVID-19 pathogen which is capable of causing severe respiratory problems, complications, and potential death.

13. General & Specialized Surgery

Pertamedika IHC General & Specialized Surgery facilities are supported by state-of-the-art medical equipment and doctors and a team of experts who are trained to manage a wide spectrum of surgical conditions that affect almost all areas of the body. Surgeons can diagnose and provide preoperative, operative, and postoperative care for patients, either in general surgery or surgery with specific specialties such as cardiothoracic surgery, colon and rectal surgery, general surgery, gynecology and obstetrics, gynecologic oncology, neurological surgery, ophthalmic surgery, oral and maxillofacial surgery, orthopedic surgery, otorhinolaryngology, pediatric surgery, plastic and maxillofacial surgery, urology, and vascular surgery.

14. Occupational Health and Industrial Hygiene (OHIH)

Pertamedika IHC has Occupational Health and Industrial Hygiene or OHIH services to protect employees as well as the company. Complying with occupational health and safety regulations is not merely providing helmets and protective clothing. In the workplace, there are several things that can be a source of risk, for example, exposure to gases and radiation, as well as hazards related to temperature control, noise, and micropollutant contamination. Our environmental services team can help provide a complete picture of OHIH. We will provide an ongoing plan to address any issues found in the workplace.

15. *Burn Unit*

Burn Unit atau Unit Luka Bakar Pertamedika IHC dilengkapi dengan fasilitas dan penanganan pasien terpadu yang melibatkan paramedic yang terlatih dan bidang spesialistik khususnya bedah plastic, rehabilitasi medik dan konsultasi pemulihan trauma.

16. *Medical Evacuation* (Medevac)

Merupakan salah satu upaya pertolongan pasien di lokasi kecelakaan kerja yang integratif, memerlukan kecepatan, ketepatan, dalam bertindak dan bersikap sehingga diharapkan pasien dapat segera di tolong dan terelamatkan jiwanya serta semaksimal mungkin dapat mencegah kecacatannya. *Medical Evaluation* ini dilakukan baik melalui darat, laut maupun udara, dari lokasi kecelakaan ke fasilitas medis yang ditetapkan.

17. *Cardiac Center*

Kesehatan jantung dan pembuluh darah merupakan salah satu hal penting yang perlu diperhatikan. Pertamedika IHC memiliki layanan *Cardiac Center* yang memadukan pelayanan kesehatan promotif, preventif dan kuratif. Sehingga tidak hanya dapat membantu mencegah penyakit jantung dan pembuluh darah dengan dilakukannya pemeriksaan deteksi dini yang menyeluruh, juga dapat membantu proses pengobatan kelainan jantung dan pembuluh darah. *Cardiac Center* merupakan pelayanan kesehatan yang disediakan bagi pasien atau orang yang memiliki faktor resiko penyakit jantung khususnya bagi pasien yang sedang dalam perawatan, akan melakukan operasi jantung atau setelah operasi jantung. Kami juga membantu melakukan rehabilitasi kondisi fisik, psikis, dan sosial pasien agar mereka dapat kembali pada keadaan semula seperti sebelum sakit serta mencegah terjadinya serangan lainnya di kemudian hari.

18. *Telemedicine*

Konsultasi yang dilakukan secara daring seputar masalah kesehatan yang marak beberapa tahun belakangan kian menjadi pilihan, utamanya di tengah masa pandemi COVID-19. Telemedicine bertujuan memberikan dukungan klinis dan dapatuntuk mengatasi hambatan geografis dan jarak pasien dengan dokter. Pertamedika IHC hadir dengan IHC Telemed untuk memberikan pelayanan kesehatan secara jarak jauh. Konsultasi dilakukan dengan cara interaktif dan secara langsung melalui media video call. Sehingga, baik dokter maupun pasien dapat berinteraksi secara langsung untuk konsultasi. Melalui IHC Telemed, pasien bisa melakukan konsultasi dengan dokter ahli Pertamedika IHC hingga layanan farmasi.

15. Burn Unit

Burn Unit of Pertamedika IHC is equipped with facilities and integrated patient management involving trained paramedics and specialists, especially plastic surgery, medical rehabilitation and trauma recovery consultations.

16. Medical Evacuation (Medevac)

Medical evacuation is one of the efforts to help patients at work accident sites that is integrative, requiring speed, accuracy, and in acting so that it is hoped that the patient can be immediately helped and saved and as much as possible can prevent his/her disability. This medical evaluation is carried out either by land, sea or air, from the accident site to the designated medical facility.

17. Cardiac Center

The health of the heart and blood vessels is one of the important things that need attention. Pertamedika IHC has a Cardiac Center service that combines promotive, preventive, and curative health services. So that not only can help prevent heart and blood vessel disease by carrying out a thorough early detection examination, it can also help the process of treating heart and blood vessel disorders. Cardiac Center is a health service provided for patients or people who have risk factors for heart disease, especially for patients who are under treatment, will have heart surgery or after heart surgery. We also help rehabilitate patients' physical, psychological, and social conditions so that they can return to their original state as before their illness and prevent other attacks in the future.

18. Telemedicine

Consultations conducted online about health problems that have emerged in recent years are increasingly becoming an option, especially in the midst of the COVID-19 pandemic. Telemedicine aims to provide clinical support and can overcome geographic barriers and distance between patients and doctors. Pertamedika IHC comes with IHC Telemed to provide health services remotely. Consultations are carried out interactively and directly through video calls. So, both doctors and patients can interact directly for consultation. Through IHC Telemed, patients can consult with experts from Pertamedika IHC to pharmaceutical services.

WILAYAH OPERASIONAL

Operational Area

Wilayah operasional merupakan wilayah atau daerah pelaksanaan kegiatan operasional atau jangkauan dari kegiatan operasional perusahaan.

The operational area is the area for implementing operational activities or the range of the Company's operational activities.

Keterangan / Note:

- Rumah Sakit/Klinik / Hospitals/Clinics
- 75 Rumah Sakit / Hospitals
- 145 Klinik / Clinics

STRUKTUR ORGANISASI
Organization Structure

Farid Harianto
Komisaris Utama
President Commissioner

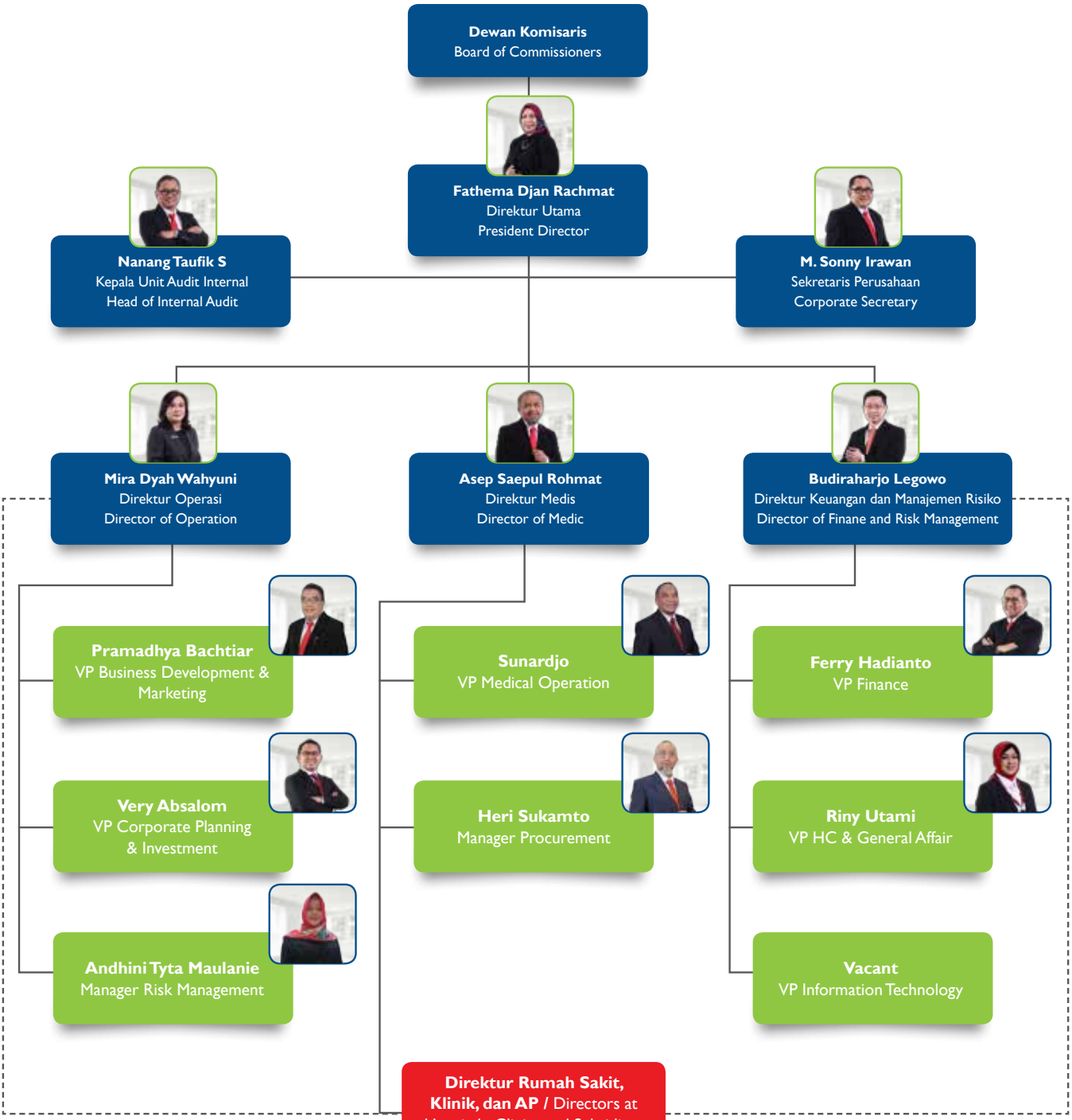
Henry Hendrawan
Komisaris Independen
Independent Commissioner

Dante Saksono Harbuwono
Komisaris Independen
Independent Commissioner

Iman Rachman
Komisaris
Commissioner

Struktur Organisasi berdasarkan Surat Keputusan Direksi Pertamina Bina Medika IHC No. Kpts-1830/A00000/2020-S8 tanggal 21 Oktober 2020 tentang Struktur Organisasi Level BOD-1.

Organizational Structure based on Decree of the Board of Directors of Bina Medika IHC No. Kpts-1830/A00000/2020-S8 dated October 21, 2020 on BOD-1 Level Organization Structure.



Direktur Rumah Sakit dan Klinik / Directors at Hospitals, Clinics, and AP

- Direktur RSPP / / Director of RSPP : Syamsul Bahri
- Direktur RSPI / Director of RSPI : Sri Utami Ningsih
- Direktur RSPB / Director of RSPB : M Khairudin
- Direktur RSPC / Director of RSPC : Farah Alkatiri
- Direktur RSPT / Director of RSPT : (vacant)
- Direktur RSP Tarakan / Director of RSP Tarakan : Henry Suryono
- Direktur RSPS / Director of RSPS : Otto B Kawanda
- Direktur RSP Prabumulih / Director of RSP Prabumulih : Ihsan Wardawati (1 Agustus 2021 / August 1, 2021 – Sekarang / Now), Suganda (1 Januari 2021 – 31 Juli 2021) / (January 1, 2021 - July 31,2021)
- Direktur RSP Plaju / Director of RSP Plaju : Christine S Tengker
- Direktur RSP Pangkalan Brandan / Director of RSP Pangkalan Brandan : Rahmat Suswita Siregar
- Direktur RSP Balongan / Director of RSP Balongan : Budi Karmawan
- Direktur RSP Cilacap / Director of RSP Cilacap : Syafik Ahmad
- Direktur RSP Dumai / Director of RSP Dumai : Indra Darma
- Direktur RSP Rantau / Director of RSP Rantau : Aris Soetomo
- Direktur Klinik Pertamedika IHC / Director of Pertamedika IHC Clinic : Devi Desianti Pritasari

Direktur AP / Director of Subdisiaries

- Direktur PT RS Pelabuhan / Director of RS Pelabuhan : Banu Astrini
- Direktur PT RS Bakti Timah / Director of PT Bakti Timah Medika : Otto B Kawanda
- Direktur PT Krakatau Medika / Director of PT Krakatau Medika : Neny Herawati
- Direktur PT Nusantara Medika Utama / Director of PT Nusantara Medika Utama : Henny Veirawati
- Direktur PT Nusantara Sebelas Medika / Director of PT Nusantara Sebelas Medika : Titin Amrih Wilujeng
- Direktur PT Rolas Nusantara Medika / Director of PT Rolas Nusantara Medika : I Wayan Sulianta
- Direktur PT Pelindo Husada Citra / Director of PT Pelindo Husada Citra : Abdul Rofid Fanany
- Direktur PT RS Pelni / Director of PT RS Pelni : Dewi Fankhuningdyah

STRUKTUR MANAJEMEN KORPORAT ORGANISASI

Organizational Corporate Management Structure

1. **Nanang Taufik S**
   Kepala Unit Audit Internal
   Head of Internal Audit

2. **Riny Utami**
   VP HC & General Affair

3. **Very Absalom**
   VP Corporate Planning & Investment

4. **Sunardjo**
   VP Medical Operation

5. **Heri Sukamto**
Manager Procurement
Procurement Manager

6. **M. Sonny Irawan**
Sekretaris Perusahaan
Corporate Secretary

7. **Pramadhya Bachtiar**
VP Business Development & Marketing

8. **Ferry Hadianto**
VP Finance

PROFIL DEWAN KOMISARIS
Board of Commissioners Profile

FARID HARIANTO
Komisaris Utama / President Commissioner

Masa Jabatan / Tenure	24 Juni 2020-Sekarang (Periode Pertama) / June 24, 2020 – present (first period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 24 Juni 2020 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 24, 2020
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	69 Tahun / 69 years old
Domisili / Domicile	Jakarta

Pendidikan Terakhir / Latest Education	S-3 dari Wharton School/University of Pennsylvania, Amerika Serikat (1989) / Doctoral Degree from Wharton School/University of Pennsylvania, USA (1989)
Keahlian / Expertise	Ekonomi Keuangan / Financial Economics
Riwayat Pekerjaan / Career History	• Wakil Ketua Badan Penyehatan Perbankan Nasional (1998 – 2000) / Vice Chairman of Badan Penyehatan Perbankan Nasional (1998 – 2000) • Dewan Komisaris PT Siloam Hospitals Tbk (2008-2019) / Commissioner at PT Siloam Hospitals Tbk (2008-2019) • Penasihat Senior Gubernur Bank Indonesia Khusus untuk Resolusi Bank Indover (2008 – 2013) / Senior Advisor of the Bank Indonesia Governor Special for Bank Indover Resolution (2008 – 2013) • Staf Khusus Wakil Presiden Republik Indonesia (2009 – 2014) / Special Staff for the President of the Republic of Indonesia (2009 – 2014) • *Vice Chairman* of Pang Hlay Siloam Hospitals, Myanmar (2014-2019) • Dewan Komisaris PT Bata Internatonal Tbk (2011 – Agustus 2020) / Commissioner at PT Bata Internatonal Tbk (2011 – August 2020) • Dewan Komisaris PT Toba Bara Sejahtera Tbk (2012 – Agustus 2020) / Commissioner at PT Toba Bara Sejahtera Tbk (2012 – August 2020)
Rangkap Jabatan / Concurrent Position	• Dewan Komisaris PT Unggul Indah Cahaya Tbk (2005 – saat ini) / Commissioner at PT Unggul Indah Cahaya Tbk (2005 – present) • Dewan Komisaris PT Triaptra Engineering (2019 – saat ini) / Commissioner at PT Triaptra Engineering (2019 – present) • Dewan Komisaris PT Indika Energy Tbk (2020 – saat ini) / Commissioner at PT Indika Energy Tbk (2020 – present) • Anggota Komite Pemantau Risiko PT Maybank Indonesia Tbk / Risk Monitoring Committee Member at PT Maybank Indonesia Tbk • Anggota Komite Audit PT Matahari Department Store Tbk / Audit Committee Member at PT Matahari Department Store Tbk
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DEWAN KOMISARIS
Board of Commissioners Profile

DANTE SAKSONO HARBUWONO
Komisaris Independen / Independent Commissioner

Masa Jabatan / Tenure	24 Juni 2020 - Sekarang (Periode Pertama) / June 24, 2020 – present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 24 Juni 2020 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 24, 2020
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	48 Tahun / 48 years old
Domisili / Domicile	Jakarta

Pendidikan Terakhir / Latest Education	S-3 *Doctor of Philosophy* dari University of Yamanashi, Jepang (2008) / Doctor of Philosophy from University of Yamanashi, Japan (2008)
Keahlian / Expertise	Spesialis Penyakit Dalam / Internal Medicine Specialist
Riwayat Pekerjaan / Career History	• Asisten Ahli Fakultas Kedokteran Universitas Indonesia (2012 – 2014) / Expert Assistant to the Faculty of Medicine, University of Indonesia (2012 – 2014) • Koordinator Divisi Pengembangan Bisnis Fakultas Kedokteran Universitas Indonesia (2013 – 2014) / Coordinator of the Business Development Division of the Faculty of Medicine, University of Indonesia (2013 – 2014) • Lektor Fakultas Kedokteran Universitas Indonesia (2014 – 2018) / Lecturer at the Faculty of Medicine, University of Indonesia (2014 - 2018) • Ketua Divisi Metabolik Endokrin Departemen Ilmu Penyakit Dalam (2017 – 2020) / Head of the Endocrine Metabolic Division, Department of Internal Medicine (2017 - 2020)
Rangkap Jabatan / Concurrent Position	• Pengajar Fakultas Kedokteran Universitas Indonesia (2009 – saat ini) / Lecturer at the Faculty of Medicine, University of Indonesia (2009 – present) • Anggota Panel Ahli Dokter Kepresidenan (2014 – saat ini) / Member of the Expert Panel of Presidency Doctors (2014 – present) • Kepala Klaster *Metabolic Disorder, Cardiovascular and Aging* IMERI Fakultas Kedokteran Universitas Indonesia (2017 – saat ini) / Head of Metabolic Disorder, Cardiovascular and Aging Cluster IMERI Faculty of Medicine, University of Indonesia (2017 – present) • Kepala Cluster Diabetik RSCM Kencana (2018 – saat ini) / Head of Diabetic Cluster RSCM Kencana (2018 – present) • Lektor Kepala Fakultas Kedokteran Universitas Indonesia (2018 – saat ini) / Lecturer Head of the Faculty of Medicine, University of Indonesia (2018 – present)
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder.
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DEWAN KOMISARIS
Board of Commissioners Profile

HENRY HENDRAWAN
Komisaris Independen / Independent Commissioner

Masa Jabatan / Tenure	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 – Present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 9, 2021
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	39 Tahun / 39 years old
Domisili / Domicile	Jakarta

Pendidikan Terakhir / Latest Education	S-2 *Master of Business Administration* (Akselerasi) dari Cornell University, Amerika Serikat (2009) / Master of Business Administration (Acceleration) from Cornell University, USA (2009)
Keahlian / Expertise	Manajemen Bisnis / Business Management
Riwayat Pekerjaan / Career History	• *Analyst and Associate* Dredner Kleinwort Wasserstein (2004 – 2006) / Analyst and Associate at Dredner Kleinwort Wasserstein (2004 – 2006) • Associate Corinthian Capital Group (2006 – 2007) / Associate at Corinthian Capital Group (2006 – 2007) • *Senior Associate* Demeter Financial Group (2009 – 2010) / Senior Associate at Demeter Financial Group (2009 – 2010) • Kepala Divisi Konsumer, Telekomunikasi, Sales & Marketing The Boston Consulting Group (2010 – 2015) / Head of Consumer, Telecommunications, Sales & Marketing Division at The Boston Consulting Group (2010 – 2015) • *Chief Financial Officer* Traveloka (2015 – 2019) • Presiden Traveloka Group (2019 – 2021) / President of Traveloka Group (2019-2021)
Rangkap Jabatan / Concurrent Position	*Executive Board Member* Traveloka (2021 – saat ini) / Executive Board Member of Traveloka (2021-present)
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DEWAN KOMISARIS
Board of Commissioners Profile

IMAN RACHMAN
Komisaris / Commissioner

Masa Jabatan / Tenure	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 – Present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 9, 2021
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	49 Tahun / 49 years old
Domisili / Domicile	Jakarta

Pendidikan Terakhir / Latest Education	S-2 *Master of Business Administration* dari Leed University Business School, Inggris (1997) / Master of Business Administration from Leed University Business School, UK (1997)
Keahlian / Expertise	Ekonomi Keuangan / Financial Economics
Riwayat Pekerjaan / Career History	• Manajer PT Danareksa Sekuritas (1998 – 2003) / Manager at PT Danareksa Sekuritas (1998 – 2003) • *Investment Banking Director* PT Mandiri Sekuritas (2003 – 2016) / Investment Banking Director at PT Mandiri Sekuritas (2003 – 2016) • Direktur Keuangan PT. Pelabuhan Indonesia II (2016 - 2019) / Director of Finance at PT Pelabuhan Indonesia II (2016-2019) • Direktur Utama PT. Perusahaan Pengelola Aset (Persero) (2019 - 2020) / President Director at PT. Perusahaan Pengelola Aset (Persero) (2019 - 2020)
Rangkap Jabatan / Concurrent Position	Direktur Strategi, Portofolio, dan Pengembangan Usaha PT. Pertamina (Persero) (2020 – saat ini) / Director of Strategy, Portfolio, and Business Development at PT. Pertamina (Persero) (2020 – present)
Hubungan Afiliasi / Affiliation	Direktur SPPU PT Pertamina (Persero) / Director of SPPU at PT Pertamina (Persero)
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

DEEWAN KOMISARIS
Board of Commissioners

1. **Farid Harianto**
   Komisaris Utama
   President Commissioner

2. **Dante Saksono Harbuwono**
   Komisaris Independen
   Independent Commissioner

3. **Henry Hendrawan**
   Komisaris Independen
   Independent Commissioner

4. **Iman Rachman**
   Komisaris
   Commissioner

PROFIL DIREKSI
Board of Directors Profile

FATHEMA DJAN RACHMAT
Direktur Utama / President Director

Masa Jabatan / Tenure	21 Juni 2019 - Sekarang (Periode Pertama) / June 21, 2019 – present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 21 Juni 2019 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 21, 2019
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	57 Tahun / 57 years old
Domisili / Domicile	Jakarta

Pendidikan Terakhir / Latest Education	S-3 Program Pendidikan Doktor, Program Studi Ilmu Kedokteran dari Universitas Indonesia (2011) / Doctoral Degree in Doctoral Education Program, Medical Science Study Program from the University of Indonesia (2011)
Keahlian / Expertise	*Transformasi, lean management, Thoracic, Cardiac and Vascular Surgeons, hospital management, financial , investment and portfolio, operational clinical excellence*
Riwayat Pekerjaan / Career History	• Kepala Unit Pelayanan Jantung Terpadu RSCM (2003 – 2007) / Head of Integrated Cardiac Services Unit at RSCM (2003 – 2007) • Kepala Unit Rawat Inap Gedung A RSCM (2007 – 2013) / Head of Inpatient Unit Building A at RSCM (2007 – 2013) • *Building Manager* Gedung CMU I RSCM (2007 – 2011) / Manager of RSCM CMU I Building (2007 – 2011) • Koordinator Pengembangan dan Mutu Pelayanan Jantung Terpadu RSCM (2008 – 2013) / Coordinator for Development and Quality of Integrated Cardiac Services at RSCM (2008 – 2013) • Kepala Departemen Ilmu Bedah Fakultas Kedokteran Universitas Indonesia – RSCM (2011 – 2013) / Head of the Department of Surgery, Faculty of Medicine, Universitas Indonesia – RSCM (2011 – 2013)
Rangkap Jabatan / Concurrent Position	• Staf Bedah Kardiotorasik, Unit Pelayanan Jantung Terpadu RSCM (2008 – saat ini) / Cardiothoracic Surgery Staff, RSCM Integrated Cardiac Care Unit (2008 – present) • Anggota Koordinator Penelitian dan Pengembangan Departemen Bedah Divisi Bedah Toraks Kardiovaskular Fakultas Kedokteran Universitas Indonesia (2009 – saat ini) / Member of Research and Development Coordinator of Department of Surgery, Division of Cardiovascular Thoracic Surgery, Faculty of Medicine, Universitas Indonesia (2009 - present) • Direktur Utama PT RS Pelni (2014 – saat ini) / President Director of PT RS Pelni (2014 – present) • Dewan Pengawas Unit Kerja Khusus Rumah Sakit Pendidikan Universitas Indonesia (2019 – 2023) / Supervisory Board of the Teaching Hospital Special Work Unit, Universitas Indonesia (2019 – 2023)
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DIREKSI
Board of Directors Profile

BUDIRAHARJO LEGOWO
Direktur Keuangan dan Manajemen Risiko /
Director of Finane and Risk Management

Masa Jabatan / Tenure	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 – Present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 9, 2021
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	41 Tahun / 41 years old
Domisili / Domicile	Tangerang

Pendidikan Terakhir / Latest Education	S-2 *Master of Business Administration* dari University of Chicago Booth School of Business (2015) / Master of Business Administration from University of Chicago Booth School of Business (2015)
Keahlian / Expertise	Manajemen Bisnis / Business Management
Riwayat Pekerjaan / Career History	• *Process Engineering Manager* Procter & Gamble (1998 – 2000) / Process Engineering Manager at Procter & Gamble (1998 – 2000) • *Engineering Manager* FAS Engineering (2000 – 2002) / Engineering Manager at FAS Engineering (2000 – 2002) • *Head of Supply & Facilities* Schering AG (2003) / Head of Supply & Facilities at Schering AG (2003) • Konsultan Senior SKHA Consulting (2003 – 2005) / Senior Consultant at SKHA Consulting (2003-2005) • Direktur Administratif Sekolah Pelita Harapan (2005 – 2009) / Director of Administrative at Sekolah Pelita Harapan (2005-2009) • Direktur Eksekutif Pelita Harapan Foundation (2010 – 2014) / Executive Director at Pelita Harapan Foundation (2010-2014) • Presiden Deputi Universitas Pelita Harapan (2013 – 2014) / Deputy President at Universitas Pelita Harapan (2013-2014) • VP Marketing, Relationship and Development Universitas Pelita Harapan (2014 – 2016) /VP Marketing, Relationship and Development at Universitas Pelita Harapan (2014-2016) • Direktur Keuangan dan Akuntansi Siloam Hospital Group (2016 - 2019) / Director of Finance and Accounting at Siloam Hospital 92016-2019) • CEO Deputi Sorac Capital Partners (2019) / Ceputy CEO at Sorac Capital Partners (2019)
Rangkap Jabatan / Concurrent Position	*Chief Financial Officer* PT Gunung Raja Paksi (2020 – saat ini) / Chief Financial Officer at PT Gunung Raja Paksi (2020-present)
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DIREKSI
Board of Directors Profile

ASEP SAEPUL ROHMAT
Direktur Medis / Director of Medic

Masa Jabatan / Tenure	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 - Present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 9, 2021
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	56 Tahun / 56 years old
Domisili / Domicile	Tangerang

Pendidikan Terakhir / Latest Education	S-2 Pendidikan Dokter Spesialis Penyakit Dalam (2003) / Master's Degree in Internist (2003)
Keahlian / Expertise	*Medical, Culture Changes*, SDM
Riwayat Pekerjaan / Career History	Wakil Direktur Medis RSPP Jakarta (2020) / Vice Director of Medic at RSPP Jakarta (2020)
Rangkap Jabatan / Concurrent Position	Wakil Direktur SDM dan Umum RSPP Jakarta (2020 – saat ini) / Vice Director of HR and GA at RSPP Jakarta (2020-present)
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DIREKSI
Board of Directors Profile

MIRA DYAH WAHYUNI
Direktur Operasi / Director of Operation

Masa Jabatan / Tenure	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 - Present (First Period)
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 9, 2021
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	56 Tahun / 56 years old
Domisili / Domicile	Bandung

Pendidikan Terakhir / Latest Education	S-2 Administrasi Rumah Sakit dari Universitas Indonesia (1998) / Master's Degree in Hospital Administration from Universitas Indonesia (1998)
Keahlian / Expertise	*Medical*
Riwayat Pekerjaan / Career History	• Pegawai Negeri Kementerian Kesehatan (1991 – 1998) / Public Servant of the Ministry of Health (1991 – 1998) • *Pricing and Product Development* RS Puri Cinere (1999) / Pricing and Product Development at Puri Cinere Hospital (1999) • Manajer Pemasaran RS Jakarta (2000) / Marketing Manager at Jakarta Hospital (2000) • Manajer Pemasaran RS Hermina Pasteur (2004 - 2010) / Marketing Manager at Hermina Pasteur Hospital (2004-2010) • Wakil Direktur Umum RS Hermina Pasteur (2005 – 2010) / Vice Director of GA at Hermina Pasteur Hospital (2005-2010) • Direktur Utama RS Hermina Arcamanik (2010 – 2014) / President Director at Hermina Arcamanik Hospital (2010-2014) • Direktur Utama RS Hermina Sukabumi (2015 – 2016) / President Director at Hermina Sukabumi Hospital (2015-2016) • Direktur Utama RS Hermina Arcamanik (2016 – 2019) / President Director at Hermina Arcamanik Hospital (2016-2019) • Direktur Regional IV PT. Medikaloka Hermina (2015 – 2019) / Director of Regional IV at PT Medikaloka Hermina (2015-2019)
Rangkap Jabatan / Concurrent Position	Konsultan Rumah Sakit PT. Daya Solusia Medisina, PT Penta Rekayasa, PT Rekayasa Industri (2020 – saat ini) / Hospital Consultant at PT Daya Solusi Medisina, PT Penta Rekayasa, PT Rekayasa Industri (2020 – present)
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

DIREKSI
Board of Directors

1. **Fathema Djan Rachmat**
   Direktur Utama
   President Director

2. **Budiraharjo Legowo**
   Direktur Keuangan dan Manajemen Risiko
   Director of Finane and Risk Management

3. **Asep Saepul Rohmat**
   Direktur Medis
   Director of Medic

4. **Mira Dyah Wahyuni**
   Direktur Operasi
   Director of Operation

PROFIL DIREKSI
Board of Directors Profile

CATUR DERMAWAN
Direktur Keuangan / Director of Finane

Masa Jabatan / Tenure	19 Juni 2019 - 9 Juni 2021 / June 19, 2019 - June 9, 2021
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 19 Juni 2019 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 19, 2019
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	48 Tahun / 48 years old
Domisili / Domicile	DKI Jakarta

Pendidikan Terakhir / Latest Education	S-2 Manajemen dari Universitas Sriwijaya (2009) / Master's Degree in Management from Universitas Sriwijaya (2009)
Keahlian / Expertise	Ekonomi Akuntansi dan Manajemen / Economics, Accounting, and Management
Riwayat Pekerjaan / Career History	• Finance Manager Area MOR 4 PT Pertamina (Persero) (2016 – 2017) / Finance Manager Area MOR 4 at PT Pertamina (Persero) (2016-2017) • Manager Account Payables PT Pertamina (Persero) (2017) / Account Payables Manager at PT Pertamina (Persero) (2017) • Manager Business Process & Design PT Pertamina (Persero) (2017 – 2019) / Business Process & Design Manager at PT Pertamina (Persero) (2017 – 2019)
Rangkap Jabatan / Concurrent Position	Tidak Ada / None
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

PROFIL DIREKSI
Board of Directors Profile

ANTONIUS RAINIER HARYANTO
Direktur Transformasi Bisnis /
Director of Business Transformation

Masa Jabatan / Tenure	24 Juni 2020 - 9 Juni 2021 / June 24, 2020 - June 9, 2021
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tanggal 24 Juni 2020 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC dated June 24, 2019
Kewarganegaraan / Nationality	Indonesia
Usia per 31 Desember 2021 / Age as of December 31, 2021	43 Tahun / 43 years old
Domisili / Domicile	DKI Jakarta

Pendidikan Terakhir / Latest Education	S-2 Teknik Manajemen Lingkungan dari University of South Wales (2003) / Masters Degree in Environmental Management Engineering from the University of South Wales (2003)
Keahlian / Expertise	*Sustainable Infrastructure*
Riwayat Pekerjaan / Career History	• Ahli Utama untuk Infrastruktur yang berkaitan dengan Air dan Air Limbah (Senior Water/Wastewater Infrastructure Engineer SMEC Australia Pty, Ltd. (2009 – 2010) / Lead Expert for Water and Wastewater-related Infrastructure (Senior Water/Wastewater Infrastructure Engineer SMEC Australia Pty, Ltd. (2009 – 2010) • Manajer untuk Wilayah Asia Tenggara 2 (Regional Manager – South East Asia 2) dan Manajer Operasional Indonesia SMEC International Pty, Ltd (2010 – 2015) / Manager for Southeast Asia Region 2 (Regional Manager – South East Asia 2) and Operations Manager for Indonesia SMEC International Pty, Ltd (2010 – 2015) • Direktur Program/Tenaga Ahli Senior Bidang Infrastruktur, Komite Percepatan Penyediaan Infrasruktur Prioritas (2015 – 2019) / Program Director/Senior Expert on Infrastructure, Committee for the Acceleration of Priority Infrastructure Delivery (2015 – 2019) • Direktur (Part-time) PT Deloitte Consulting Indonesia (2020) / Director (Part-time) at PT Deloitte Consulting Indonesia (2020) • Principal PT KPMG Siddharta Indonesia (2020) / Principal at PT KPMG Siddharta Indonesia (2020)
Rangkap Jabatan / Concurrent Position	Tidak Ada / None
Hubungan Afiliasi / Affiliation	Tidak memiliki hubungan afiliasi baik dengan anggota Direksi, anggota Dewan Komisaris lainnya maupun dengan pemegang saham utama atau pengendali / Has no affiliation with members of the Board of Directors, fellow members of the Board of Commissioners or with the major or controlling shareholder
Kepemilikan Saham di Perusahaan / Share Ownership in the Company	Nihil / Nil

DAFTAR KEANGGOTAAN ASOSIASI

List of Association Membership

Nama Asosiasi / Association	Tujuan/Aktivitas / Objective/Activity
APINDO (Asosiasi Pengusaha Indonesia) / Indonesian Employers Association	Berperan aktif dalam membangun hubungan industrial yang harmonis, proaktif dalam mendukung kebijakan pemerintah dalam dunia usaha, terutama industry healthcare dengan tetap patuh pada tata kelola perusahaan yang baik / Taking an active role in building harmonious industrial relations, being proactive in supporting government policies in the business world, especially the healthcare industry while still adhering to good corporate governance
PERSI (Perhimpunan Rumah Sakit Indonesia) / Indonesian Hospital Association	Berperan aktif dalam organisasi Persi untuk bersinergi membangun dan mengembangkan bidang healthcare & perumahsakitan Indonesia, mewujudkan tata kelola klinis dan tata kelola etika rumah sakit Indonesia yang baik, membangun mutu perumahsakitan Indonesia dalam mendukung sistemkesehatan nasional yang berintegritas tinggi dan terpercaya, baik secara nasional maupun Global / Taking an active role in the PERSI organization to synergistically build and develop the Indonesian health care & hospital sector, realize good clinical and ethical governance in Indonesian hospitals, build the quality of Indonesian hospitals in supporting the national health system with high integrity and reliability, both nationally and globally.

KOMPOSISI PEMEGANG SAHAM

Shareholder Composition

Komposisi kepemilikan saham berdasarkan perubahan Anggaran Dasar terakhir yang dimuat dalam Akta Notaris Aulia Taufani, SH No. 42 tanggal 7 Agustus 2020 adalah sebagai berikut:

Composition of share ownership based on the latest amendments to the Articles of Association contained in the Notarial Deed of Aulia Taufani, SH No. 42 dated August 7, 2020 is as follows:

Nama Pemegang Saham / Shareholder Name	Jumlah Lembar Saham / Total Shares	Nilai Saham / Share Value	Persentasi Kepemilikan (%) / Ownership Percentage (%)
PT Pertamina (Persero)	23.700.021	2.370.002.100.000	81,11
PT Pertamina Pedeve Indonesia	1.484	148.400.000	0,01
PT Krakatau Steel (Persero) Tbk	218.239	21.823.900.000	0,75
PT Krakatau Industrial Estate Cilegon	178.559	17.855.900.000	0,61
PT Krakatau Bandar Samudera	128.959	12.895.900.000	0,44
PT Pelabuhan Indonesia (Persero)	1.753.115	175.311.500.000	6,00
PT Timah Tbk	518.889	51.888.900.000	1,78
PT Perkebunan Nusantara X	1.643.253	164.325.300.000	5,62
PT Perkebunan Nusantara XI	566.840	56.684.000.000	1,94
PT Perkebunan Nusantara XII	508.403	50.840.300.000	1,74
Total	**29.217.762**	**2.921.776.200.000**	**100,00**

KOMPOSISI KEPEMILIKAN SAHAM

Shareholder Composition

Pertamina Group		Pelindo	PTPN Group			Krakatau Group			Timah
81,1%	0,01%	6,0%	1,9%	5,6%	1,7%	0,8%	0,6%	0,4%	1,8%

KRONOLOGI PENERBITAN SAHAM

Share Listing Chronology

Per 31 Desember 2021, Perusahaan tidak pernah mencatatkan saham di bursa efek manapun. Dengan demikian, informasi mengenai kronologi pencatatan saham tidak relevan untuk diungkapkan.

As of December 31, 2021, the Company has never listed its shares on any stock exchange. Thus, information regarding the chronology of share listing is not relevant to be disclosed.

KRONOLOGI PENCATATAN EFEK LAINNYA

Other Securities Listing Chronology

Per 31 Desember 2021, Perusahaan tidak pernah mencatatkan efek selain saham di bursa efek manapun. Dengan demikian, informasi mengenai kronologi pencatatan efek lainnya tidak relevan untuk diungkapkan.

As of December 31, 2021, the Company has never listed any securities other than shares on any stock exchange. Thus, information regarding the chronology of other securities listing is not relevant to be disclosed.

STRUKTUR GRUP PERUSAHAAN

Group Structure

Saat ini PT Pertamina Bina Medika IHC telah memiliki 8 Anak Perusahaan serta mengelola 36 Rumah Sakit BUMN, 34 RS *membership*, 4 RS KSO, serta Klinik Pertamedika IHC dan klinik di bawah pengelolaan Anak Perusahaan. Berikut struktur grup PT Pertamina Bina Medika IHC:

Currently, PT Pertamina Bina Medika IHC has 8 subsidiaries and manages 36 SOE hospitals, 34 membership hospitals, 4 JO hospitals, as well as the Pertamedika IHC Clinic and clinics under the management of the Subsidiary. Structure of the PT Pertamina Bina Medika IHC group is as follows:

Units (Wholly owned)

RS Pertamina

1. **RSP Prabumulih** (South Sumatra)
2. **RSP Plaju** (South Sumatra)
3. **RSP Pangkalan Brandan** (North Sumatra)
4. **RSP Rantau** (Aceh)
5. **RSP Dumai** (Riau)
6. **RSP Tarakan** (North Kalimantan)
7. **RSP Tanjung** (South Kalimantan)
8. **RSP Balikpapan** (East Kalimantan)
9. **RSP Cirebon** (West Java)
10. **RSP Balongan** (West Java)
11. **RSP Cilacap** (Central Java)
12. **RSP Pusat Pertamina** (Jakarta)
13. **RSP Jaya** (Jakarta)
14. **RSP Sorong** (Papua)
15. **RSP Royal Biringkanaya** (Makasar)

Subsidiaries

RT RS Pelni

1. **RS Pelni** (Jakarta)

RT RS Pelni

2. **RSU Kaliwates** (East Java)
3. **RSU Bhakti Husada Kriklian Gienmore** (East Java)

PT Krakatau Medika

4. **RS Krakatau Medika** (East Java)

PT Krakatau Medika

5. **RS Medika Stannia Sungailiat** (Kepulauan Babel)
6. **RS Bakti Timah Muntok** (Kepulauan Babel)
7. **RS Bakti Timah pangkalpinang** (Kepulauan Babel)
8. **RS Bakti Timah Karimun** (Kepulauan Babel)

PT Pelindo Husada Citra

9. **RS PHC Surabaya** (East Java)

PT Pelindo Husada Citra

10. **RS Lavalette** (East Java)
11. **RS Wonolangan** (East Java)
12. **RS Djatiroto** (East Java)
13. **RS Elizabeth** (East Java)

PT RS Pelabuhan

14. **RS Pelabuhan Jakarta** (Jakarta)
15. **RS Port Medical Center** (Jakarta)
16. **RS Pelabuhan Cirebon** (West Java)
17. **RS Pelabuhan Palembang** (South Sumatra)

PT Nusantara Medika Utama

18. **RS Gatoel** (East Java)
19. **RS Toeloengredjo** (East Java)
20. **RS Perkebunan PTPN X** (East Java)
21. **RSP Medika Utama** (East Java)

Joint Operations

1. **RS Bintang Amin** (Lampung)
2. **RS Baiturrahim** (Jambi)
3. **RSU Pertamedika Ummi Rosniati** (Aceh)
4. **RS UI** (Jakarta)
5. **RSU Pekerja** (Jakarta)
6.

IHC member

1. **RS Prima Husada Cipta Medan** (North Sumatra)
2. **RS dr.G.L Tobing** (North Sumatra)
3. **RS Bangkatan** (North Sumatra)
4. **RS Tanjung Selamat** (North Sumatra)
5. **RS Sri Pamela** (North Sumatra)
6. **RS Sei Dadap** (North Sumatra)
7. **RS Sri Torgamba** (North Sumatra)
8. **RS Pabatu** (North Sumatra)
9. **RS Laras** (North Sumatra)
10. **RS Balimbingan** (North Sumatra)
11. **RS Bukit Asam Medika** (South Sumatra)
12. **RS Pusri Palembang** (South Sumatra)
13. **RS Semen Padang** (West Sumatra)
14. **RS Cut Meutia** (Aceh)
15. **RSP Graha Husada** (East Java)
16. **RS Syafira** (Riau)
17. **RS Tandun** (Riau)
18. **RS PKT Bontang** (East Kalimantan)
19. **RS Prima Sangatta** (East Kalimantan)
20. **RS Medika Utama Permata** (East Kalimantan)
21. **RS Medika Utama Manggar** (East Kalimantan)
22. **RS LNG Badak** (East Kalimantan)
23. **RS Parindu** (West Kalimantan)
24. **RS Danau Salak** (South Kalimantan)
25. **RS Pindad Turen** (East Java)
26. **RS Semen Gresik** (East Java)
27. **RSI Garam** (East Java)
28. **RS Petrokimia Gresik** (East Java)
29. **RS Graha Husada** (East Java)
30. **RS Petrokimia Driyorejo Gresik** (East Java)
31. **RS PTPN VIII Subang** (West Java)
32. **RS Pindad Medika Utama** (East Kalimantan)
33. **RS Antam Medika** (Jakarta)
34. **RS Haji jakarta** (Jakarta)

UNIT BISNIS PERUSAHAAN
Company Business Unit

UNIT BISNIS

Pertamedika IHC memiliki 15 unit bisnis yaitu rumah sakit dengan brand "RS Pertamina" yang dikelola secara langsung oleh Pertamedika IHC serta unit bisnis "Klinik Pertamedika IHC" yang baru dipisahkan secara mandiri dari pengelolaan RS Pertamina Jaya. Profil ke empat belas Rumah Sakit Pertamina dapat disampaikan sebagai berikut:

BUSINESS UNIT

Pertamedika IHC has 15 business units, namely a hospital with the brand "Pertamina Hospital" which is managed directly by Pertamedika IHC and a business unit "Pertamedika IHC Clinic" which has just been separated independently from the management of RS Pertamina Jaya. The profiles of the fourteen Pertamina Hospitals can be submitted as follows:

Rumah Sakit Pusat Pertamina (RSPP)

Pertamina Central Hospital (RSPP)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl. Kyai Maja No 43, Kebayoran Baru, Jakarta Selatan 12120 Telp: 021-7219300-400 Faks: 021-7203540 Customer Care: 021-7219800 (Pemasaran) 021-7219892 (Humas) Website: www.rspp.co.id	B	302	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Saraf • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Kedokteran Jiwa • Paru • Ortophaedi dan Traumatologi • Urologi • Bedah Saraf • Bedah Plastik Rekontruksi dan Estetika • Bedah Anak • Bedah Thorax Cardiac dan Vaskuler • Bedah Mulut • Konservasi/Endodonsi • Orthodonti • Periodonti • Prosthodonti • Pedodonti • Bedah Digestif • Bedah Onkologi	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Nerve • Heart and Blood Vessels • Dermatology and Venereology • Psychiatry • Lungs • Orthopedics and Traumatology • Urology • Neurosurgery • Reconstructive and Aesthetic Plastic Surgery • Pediatric Surgery • Thorax Cardiac and Vascular Surgery • Mouth surgery • Conservation/Endodontics • Orthodontics • Periodontics • Prosthodontics • Pedodontics • Digestive Surgery • Surgical Oncology

UNIT BISNIS PERUSAHAAN
Company Business Unit

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
			• Bedah Vaskuler • Gastroenterologi-Hepatologi • GInjal Hipertensi • Rematologi • Hematologi Onkologi • Fertilitas dan Endokrinologi • Reproduksi • Onkologi Ginekologi • Obsitetri GInekologi Sosial • Subspesialis Lainnya • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Radiolohi Diagnostik Invasif • Patologi Klinik • Patologi Anatomi • Akupuntur • Radioterapi • Kedokteran Nuklir • Gizi Klinik • Anestesi Terapi Intensif • Dialisis • CSSD • Gizi • Rekam Medis • Farmasi • Pelayanan Darah • MCU • IGD	• Vascular Surgery • Gastroenterology-Hepatology • Kidney Hypertension • Rheumatology • Hematology Oncology • Fertility and Endocrinology • Reproduction • Gynecological Oncology • Obstetrics Gynecology Social • Other Subspecialties • Anaesthesia and Intensive Therapy • Medical Rehab • Non-Invasive Diagnostic Radiology • Invasive Diagnostic Radiology • Clinical Pathology • Anatomical Pathology • Acupuncture • Radiotherapy • Nuclear Medicine • Clinical Nutrition • Intensive Therapeutic Anesthesia • Dialysis • CSSD • Nutrition • Medical records • Pharmacy • Blood Service • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Balikpapan (RSPB) Pertamina Hospital Balikpapan (RSPB)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl. Jend Sudirman No 1 Balikpapan Telp: 0542-421212 Faks: 0542-736134	C	180	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Saraf • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Kedokteran Jiwa • Paru • Orthopaedi dan Traumatologi • Urologi • Bedah Saraf • Bedah Plastik Rekontruksi dan Estetika • Bedah Anak • Bedah Thorax Cardiac dan Vaskuler • Bedah Mulut • Konservasi/Endodonsi • Orthodonti • Periodonti • Prosthodonti • Bedah Digestif • Bedah Onkologi • Bedah Vaskuler • Kardiovaskuler • Pulmonologi • Tumbuh Kembang Anak • Onkologi Ginekologi • Obstetri Ginekologi Sosial • Subspesialis Lainnya • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Patologi Klinik • Patologi Anatomi • Akupuntur • Gizi Klinik • Dialisis • CSSD • Gizi • Rekam Medis • Farmasi • Pelayanan Darah • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Nerve • Heart and Blood Vessels • Dermatology and Venereology • Psychiatry • Lungs • Orthopaedics and Traumatology • Urology • Neurosurgery • Reconstructive and Aesthetic Plastic Surgery • Pediatric Surgery • Thorax Cardiac and Vascular Surgery • Mouth surgery • Conservation/Endodontics • Orthodontics • Periodontics • Prosthodontics • Digestive Surgery • Surgical Oncology • Vascular Surgery • Cardiovascular • Pulmonology • Child Development • Gynecological Oncology • Social Gynecology Obstetrics • Other Subspecialties • Anesthesia and Intensive Therapy • Medical Rehab • Non Invasive Diagnostic Radiology • Clinical Pathology • Anatomical Pathology • Acupuncture • Clinical Nutrition • Dialysis • CSSD • Nutrition • Medical records • Pharmacy • Blood Service • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Jaya (RSPJ)

Pertamina Jaya Hospital (RSPJ)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl. Jend A Yani No 2 Jakarta Pusat Telp: 021-4211911 Faks: 021-4211913	C	165	Layanan Covid 19: • Rawat Jalan • Telemedicine • Pemeriksaan PCR SWAB dan Rapid • Laboratorium • Fasilitas Rawat Inap • Feto Material • MCU • IGD	Covid 19 Services: • Outpatient • Telemedicine • PCR SWAB and Rapid Examination • Laboratory • Inpatient Facilities • Feto Maternal • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Cirebon (RSPC)

Pertamina Hospital Cirebon (RSPC)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Patra Raya Klayan Cirebon 45151 Telp: 0231-224646-50 (hunting) Faks: 0231-209328	C	100	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Saraf • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Kedokteran Jiwa • Paru • Orthopaedi dan Traumatologi • Bedah Saraf • Bedah Mulut • Orthodonti • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Patologi Klinik • Patologi Anatomi • Gizi Klinik • CSSD • Gizi • Rekam Medis • Farmasi • Pelayanan Darah • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Nerve • Heart and Blood Vessels • Dermatology and Venereology • Psychiatry • Lungs • Orthopaedics and Traumatology • Neurosurgery • Mouth surgery • Orthodontics • Anesthesia and Intensive Therapy • Medical Rehab • Non-Invasive Diagnostic Radiology • Clinical Pathology • Anatomical Pathology • Clinical Nutrition • CSSD • Nutrition • Medical records • Pharmacy • Blood Service • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Prabumulih (RSPPBM) Pertamina Hospital Prabumulih (RSPPBM)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Kesehatan No 100 Komplek Pertamina Prabumulih 31122 Telp: 0713-382742, 383333 Faks: 0713-321903, 322069	C	72	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Dialisis • Patologi Klinik • Patologi Anatomi • Gizi Klinik • CSSD • Gizi • Rekam Medis • Farmasi • Pelayanan Darah • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Heart and Blood Vessels • Dermatology and Venereology • Anesthesia and Intensive Therapy • Medical Rehab • Non-Invasive Diagnostic Radiology • Dialysis • Clinical Pathology • Anatomical Pathology • Clinical Nutrition • CSSD • Nutrition • Medical records • Pharmacy • Blood Service • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Tanjung (RSPT)

Pertamina Hospital Tanjung (RSPT)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Gas Komplek Pertamina Murung Pudak Kabupaten Tabalong, Kalimantan Selatan 71571 Telp: 0526-2022550 Faks: 0526-204122	C	51	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Jantung dan Pembuluh Darah • Orthopaedi dan Traumatologi • Bedah Mulut • Konservasi/Endodonsi • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Dialisis • Patologi Klinik • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Heart and Blood Vessels • Orthopaedics and Traumatology • Mouth surgery • Conservation/Endodontics • Anesthesia and Intensive Therapy • Medical Rehab • Non Invasive Diagnostic Radiology • Dialysis • Clinical Pathology • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Tarakan

Pertamina Hospital Tarakan

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Mulawarman No 99 Tarakan 77111, Kalimantan Timur Telp: 0551-31665, 31403 Faks: 0551-33310	C	55	• Penyakit Dalam • Anak • Bedah • Obgyn • THT • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Urologi • Orthopaedi dan Traumatologi • Bedah Anak • Bedah Mulut • Konservasi/Endodonsi • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Dialisis • Patologi Klinik • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • ENT • Heart and Blood Vessels • Dermatology and Venereology • Urology • Orthopaedics and Traumatology • Pediatric Surgery • Mouth surgery • Conservation/Endodontics • Anesthesia and Intensive Therapy • Medical Rehab • Non-Invasive Diagnostic Radiology • Dialysis • Clinical Pathology • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Pangkalan Brandan

Rumah Sakit Pertamina Pangkalan Brandan

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Wahidin No 01 Pangkalan Brandan Langkat, Sumatera Utara Telp: 0620-322455 Faks: 0620-323392, 20120	C	123	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Paru • Kulit dan Kelamin • Rehab Medik • Anestesi dan Terapi Intensif • Radiologi Diagnostik Non Invasive • Patologi Klinik • Patologi Anatomi • Dialisis • CSSD • Gizi • Rekam Medis • Farmasi • Pelayanan Darah • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Lungs • Dermatology and Venereology • Medical Rehab • Anesthesia and Intensive Therapy • Non Invasive Diagnostic Radiology • Clinical Pathology • Anatomical Pathology • Dialysis • CSSD • Nutrition • Medical records • Pharmacy • Blood Service • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Plaju

Pertamina Hospital Plaju

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Pengantingan 1 Komplek Pertamina UP III Plaju, Sumatera Selatan Telp: 0711-597442 Faks: 0711-542388	C	79	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • THT • Saraf • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Kedokteran Jiwa • Orthodonti • Anestesi dan Terapi Intensif • Radiologi Diagnostik Non Invasive • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • ENT • Nerve • Heart and Blood Vessels • Dermatology and Venereology • Psychiatry • Orthodontics • Anesthesia and Intensive Therapy • Non-Invasive Diagnostic Radiology • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Sorong (RSPS)

Pertamina Hospital Sorong (RSPS)

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Ahmad Yani No 13, Sorong Telp: 0951-321581, 321362 Faks: 0951-326110	D	57	• Penyakit Dalam • Anak • Bedah • Obgyn • Jantung dan Pembuluh Darah • Radiologi Diagnostik Non Invasive • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Heart and Blood Vessels • Non-Invasive Diagnostic Radiology • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Cilacap

Pertamina Hospital Cilacap

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Dr Setiabudi Tegal Katilayu, Cilacap, Jawa Tengah 53211 Telp: 0282-509900 Faks: 0282-509987	D	104	• Penyakit Dalam • Anak • Bedah • Obgyn • THT • Saraf • Jantung dan Pembuluh Darah • Kulit dan Kelamin • Paru • Orthopaedi dan Traumatologi • Okupasi • Ginjal Hipertensi • Anestesi dan Terapi Intensif • Rehab Medik • Radiologi Diagnostik Non Invasive • Patologi Klinik • Dialisis • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • ENT • Nerve • Heart and Blood Vessels • Dermatology and Venereology • Lungs • Orthopaedics and Traumatology • Occupation • Kidney Hypertension • Anesthesia and Intensive Therapy • Medical Rehab • Non-Invasive Diagnostic Radiology • Clinical Pathology • Dialysis • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Balongan

Pertamina Hospital Balongan

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Bumi Patra Raya, Karanganyar, Indramayu, Jawa Barat 45213 Telp: 0234-254523 Faks: 0234-27345	D	50	• Penyakit Dalam • Bedah • Obgyn • Anestesi dan Terapi Intensif • Radiologi Diagnostik Non Invasive • Patologi Klinik • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Surgery • Obgyn • Anesthesia and Intensive Therapy • Non-Invasive Diagnostic Radiology • Clinical Pathology • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Dumai

Pertamina Hospital Dumai

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Raya Bukit Datuk, Dumai, Riau 28825 Telp: 0765-44360 Faks: 0765-38730	D	74	• Penyakit Dalam • Anak • Bedah • Obgyn • Anestesi dan Terapi Intensif • Radiologi Diagnostik Non Invasive • Patologi Klinik • Dialisis • CSSD • Gizi • Rekam Medis • Farmasi • Pelayanan Darah • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Anesthesia and Intensive Therapy • Non-Invasive Diagnostic Radiology • Clinical Pathology • Dialysis • CSSD • Nutrition • Medical records • Pharmacy • Blood Service • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

Rumah Sakit Pertamina Rantau

Pertamina Hospital Rantau

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Cepu, Rantau, Kabupaten Aceh Tamiang, Aceh 24476	D	50	• Penyakit Dalam • Anak • Bedah • Obgyn • Mata • Paru • Radiologi Diagnostik Non Invasive • Patologi Klinik • Anestesi Terapi Intensif • Dialisis • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Eye • Lungs • Non Invasive Diagnostic Radiology • Clinical Pathology • Intensive Therapeutic Anesthesia • Dialysis • Medical records • Pharmacy • MCU • Emergency room

UNIT BISNIS PERUSAHAAN
Company Business Unit

RSP Royal Biringkanaya

RSP Royal Biringkanaya

Alamat dan Kontak / Address and Contact	Tipe RS / Hospital Type	Kapasitas Tempat Tidur / Bed Capacity	Jenis Layanan / Services	
Jl Pajjalyyang Sudiang Raya, Biring Kanaya, Ujung Pandang, Sulawesi Selatan	B	I	• Penyakit Dalam • Anak • Bedah • Obgyn • Saraf • Bedah Saraf • Jantung dan Pembuluh Darah • Anestesi • Bedah Thorax dan Kardiovaskuler • Kedokteran Fisik dan Rehabilitasi • Radiologi Diagnostik • Patologi Klinik • CSSD • Gizi • Rekam Medis • Farmasi • MCU • IGD	• Internal disease • Child • Surgery • Obgyn • Nerve • Neurosurgery • Heart and Blood Vessels • Anesthesia • Thorax and Cardiovascular Surgery • Physical Medicine and Rehabilitation • Diagnostic Radiology • Clinical Pathology • CSSD • Nutrition • Medical records • Pharmacy • MCU • Emergency room

KLINIK PERTAMEDIKA IHC

IHC Pertamedika Clinic

Business Unit – Klinik

Klinik Pertamedika IHC merupakan unit bisnis yang baru dibentuk di tahun 2020. Klinik Pertamedika IHC membawahi 23 klinik di wilayah Jabodetabek, dengan data sebagai berikut:

Business Unit – Clinic

Pertamedika IHC Clinic is a new business unit formed in 2020. Pertamedika IHC Clinic oversees 23 clinics in the Jabodetabek area, with the following data:

Klinik Pratama Sinabung	Klinik Pratama Jatiwaringin Asri	Klinik Pratama Cakung	Klinik Pratama Bekasi
Jl. Sinabung Terusan II No. 32 A-F, Kel Gunung, Kebayoran Baru, Jakarta Selatan Telp : (021) 7243262	Jalan Sangata Blok I/1, Jatiwaringin Asri, Pondok Gede Telp : (021) 84990644	Jl. Ujung Menteng Bisnis Centre, Jl Bekasi Raya Blok A No. 23 Cakung Telp: (021) 4604944	Ruko Kalimalang Square Blok J-17, Jl. Raya Kalimalang, Bekasi Telp. : 88962946/33794477
Klinik Pratama Rawamangun	**Klinik Pratama Cinere**	**Klinik Pratama Bogor**	**Klinik Pratama Deli**
Jl. Mundu Raya No.1, Jatirawamangun, Jakarta Timur Telp : 4894150	Jl. Cinere Raya No.11 B, Cinere - Depok Telp : 7535022	Jl. A. Adnanrijaya (Jl. Pandawa Raya) Blok A1 No. 14, Bantar Jati, Bogor Utara Telp. : 0251-8363994	Jl. Sunter II No. 13, Rawabadak Utara, Koja, Jakarta Utara Telp. : 021 4351614
Klinik Pratama Bintaro	**Klinik Pratama Depok**	**Klinik Pratama Yos Sudarso (PIS)**	**Klinik Pratama BSD**
Jl. Pondok Betung Raya No. 1A, Pondok Aren, Tangerang Selatan Telp. : (021)27658342	Jl. Margonda Raya No. 518, Depok Telp : 27802840	Jl. Yos Sudarso No. 32-34 Jakarta Utara Telp. (021) 43928260	Jl. Ruko Golden Vienna Sektor XII Blok CA No. 31 Serpong Telp. 0811 981509
Klinik UKK Pertamina Lubricants	**Klinik UKK PGN Manhattan**	**Klinik UKK Pratama PGN Ketapang**	**Klinik Pertamedika PHE**
Grha Pertamina, Tower Petramax Lt 15 Jl. Merdeka Timur No. 11-13 Jakarta Pusat Telp. 0878 1886 38891	The Manhattan Square Building Mid Tower Lt. 26, Jl. TB. Simatupang Kav. 15, Jakarta Selatan Telp. : 8064 1111	Kantor Pusat PGN, Jl. KH. Zainul Arifin No. 20, Jakarta Selatan Telp. : 0877 7537 2768	PHE Tower Lt. 2, Jl. TB Simatupang Kav. 99, Jakarta Selatan Telp. : 0812 2920 8265
Klinik Universitas Pertamina	**Klinik UKK Pertamina EP**	**Klinik UKK Patra Jasa**	**Klinik UKK Pertamina Commercial & Trading**
Komplek Universitas Pertamina, Jl. Teuku Nyak Arif Simprug RT. 07/RW.08 Telp. : 0877 7555 3500	Menara Standard Chartered, Jl. Prof. Dr. Satrio No. 164 Lt. 21, Jakarta Selatan Telp. : 57893094	Gd. Patra Lt 1 Ruang 1 E, Jl. Jend. Gatot Subroto, Kav. 32-34, Jakarta Selatan Telp : 5217318	Wisma Tugu II, Lantai 2, Kav C, No. 7-9, Jl. HR Rasuna Said - Jakarta Telp. 80641111
Klinik UKK Sopodel Tower	**Klinik UKK Grha Pertamina**	**Klinik UKK Pertagas**	
Jl. Mega Kuningan Barat III RT. 03/RW. 03, Kuningan, Jakarta Selatan 12950 Telp. : 081282044516	Tower Fastron Lt 6 Jl. Merdeka Timur No. 12 Jakarta Pusat Telp. 3816104	Grha Pertamina, Tower Petramax Lt 15 Jl. Merdeka Timur No. 11-13 Jakarta Pusat Telp. 9877 8188 638891	

DAFTAR ENTITAS ANAK DAN/ATAU ENTITAS ASOSIASI

List of Subsidiary and/or Associate

Pertamedika IHC memiliki 8 Anak Perusahaan per 31 Desember 2021 dengan profil masing-masing sebagai berikut:

1. PT RUMAH SAKIT PELNI

PT Rumah Sakit Pelni menjadi Anak Perusahaan Pertamedika IHC sejak 31 Maret 2020 melalui proses akuisisi. PT RS Pelni memiliki 1 RS yaitu RS Pelni yang berlokasi di Jalan Aipda KS Tubun Slipi, Jakarta Barat. Layanan unggulannya adalah Hemodialisis, *cathlab* dan *MCU One Stop Service*.

Komposisi pemegang saham PT RS Pelni sebagai berikut :

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	51%
2	PT Pelni (Persero)	48,98%
3	YKPP	0,02%

2. PT RUMAH SAKIT PELABUHAN

PT Rumah Sakit Pelabuhan menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT RS Pelabuhan memiliki 4 RS sebagai berikut:

- RS Pelabuhan Jakarta: Berlokasi di Jl Kramat Raya Koja Jakarta Utara. Layanan unggulannya adalah Hemodialisis dan MCU
- RS Pelabuhan Cirebon: Berlokasi di Jl Sisingamaraja Cirebon dengan layanan unggulan Hemodialisa, MCU dan layanan ibu & anak
- RS Pelabuhan Palembang: Berlokasi di Jl Mayor Memet Sastrawirya Palembang dengan layanan unggulan MCU
- RS Port Medical Centre: Berlokasi di Jl Enggano Jakarta Utara dengan layanan unggulan MCU

Komposisi pemegang saham PT RS Pelabuhan sebagai berikut:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	67%
2	PT Pelabuhan Indonesia (Persero)	32,88%
3	KOPEGMAR Tanjung Priok	0,12%

Pertamedika IHC owns 8 Subsidiaries as of December 31, 2021 with profile as follows:

1. PT RUMAH SAKIT PELNI

PT Rumah Sakit Pelni became a Subsidiary of Pertamedika IHC since March 31, 2020 through acquisition process. PT Rumah Sakit Pelni has 1 hospital, namely Pelni Hospital which is located on Jalan Aipda KS Tubun Slipi, West Jakarta. Its flagship services are Hemodialysis, cathlab and MCU One Stop Service.

The composition of shareholders of PT RS Pelni is as follows:

2. PT RUMAH SAKIT PELABUHAN

PT Rumah Sakit Pelabuhan has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT RS Pelabuhan owns 4 hospitals as follows:

- RS Pelabuhan Jakarta: Located on Jl Kramat Raya Koja, North Jakarta. Its flagship services are Hemodialysis and MCU
- RS Pelabuhan Cirebon: Located on Jl Sisingamangaraja Cirebon. Its flagship services are Hemodialysis, MCU and mother & child services
- RS Pelabuhan Palembang: Located on Jl Mayor Memet Sastrawirya Palembang. Its flagship service is MCU service
- RS Port Medical Center: Located on Jl Enggano, North Jakarta. Its flagship service is MCU service

The composition of shareholders of PT RS Pelabuhan is as follows:

DAFTAR ENTITAS ANAK DAN/ATAU ENTITAS ASOSIASI

List of Subsidiary and/or Associate

3. PT BAKTI TIMAH MEDIKA

PT Bakti Timah Medika menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT Bakti Timah Medika memiliki 4 RS sebagai berikut:

- RS Bakti Timah Pangkal Pinang: Berlokasi di Jl Bukit baru Pangkal pinang dan memiliki layanan unggulan mata
- RS Bakti Timah Karimun: Berlokasi di Jl Canggai Putri Karimun
- RS Bakti Timah Muntok: Berlokasi di Jl Raya Timah Muntok
- RS Medika Stannia Sungailiat: Berlokasi di Jl Jendral Sudirman Sungailiat

Komposisi pemegang saham PT Bakti Timah Medika sebagai berikut:

3. PT BAKTI TIMAH MEDIKA

PT Bakti Timah Medika has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT Bakti Timah Medika owns 4 hospitals as follows:

- RS Bakti Timah Pangkal Pinang: Located on Jl Bukit Baru Pangkal Pinang. Its flagship service is eye service
- RS Bakti Timah Karimun: Located on Jl Canggai Putri Karimun
- RS Bakti Timah Muntok: Located on Jl Raya Timah Muntok
- RS Medika Stannia Sungailiat: Located on Jl Jendral Sudirman Sungailiat

The composition of shareholders of PT Bakti Timah Medika is as follows:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	67,000%
2	PT Timah Tbk	32,998%
3	PT Dok dan Perkapalan Air Kantung	0,001%
4	Yayasan Bakti Timah	0,001%

4. PT PELINDO HUSADA CITRA

PT Pelindo Husada Citra menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT Pelindo Husada Citra memiliki 1 RS yaitu RS PHC yang berlokasi di Jl Prapat Kurung Selatan Surabaya. Layanan unggulannya adalah *Orthopaedic Centre*, layanan jantung dan MCU.

Komposisi pemegang saham PT Pelindo Husada Citra sebagai berikut :

4. PT PELINDO HUSADA CITRA

PT Pelindo Husada Citra has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT Pelindo Husada Citra owns 1 hospital, namely the PHC Hospital which is located on Jl Prapat Kurung Selatan, Surabaya. Its flagship services are Orthopedic Centre, cardiac and MCU services.

The composition of shareholders of PT Pelindo Husada Citra is as follows:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	67%
2	PT Pelabuhan Indonesia (Persero)	31,7%
3	Koperasi Pegawai Pelabuhan Indonesia	1,3%

DAFTAR ENTITAS ANAK DAN/ATAU ENTITAS ASOSIASI

List of Subsidiary and/or Associate

5. PT KRAKATAU MEDIKA

PT Krakatau Medika menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT Krakatau Medika memiliki 1 RS yaitu RS Krakatau Medika yang berlokasi di Jalan Semang Raya Cilegon, Banten dengan layanan unggulan *trauma centre, cardiac centre* dan kesehatan kerja.

Komposisi pemegang saham PT Krakatau Medika sebagai berikut:

5. PT KRAKATAU MEDIKA

PT Krakatau Medika has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT Krakatau Medika owns 1 hospital, namely Krakatau Medika Hospital which is located on Jalan Semang Raya Cilegon, Banten. Its flagship services are trauma centers, cardiac centers, and occupational health.

The composition of shareholders of PT Krakatau Medika is as follows:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	70,93%
2	PT Krakatau Tirta Industri	19,72%
3	PT Krakatau Daya Listrik	9,35%

6. PT NUSANTARA MEDIKA UTAMA

PT Nusantara Medika Utama (NMU) menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT NMU memiliki 4 RS sebagai berikut:

- Rumah Sakit Gatoel: Berlokasi di Jl Raden Wijaya Mojokerto dengan layanan unggulan Hemodialisis dan trauma centre
- Rumah Sakit Toeloengredjo: Berlokasi di Jl A Yani Ds Tulungrejo, Kediri dengan layanan unggulan Hemodialisis
- Rumah Sakit Medika Utama: Berlokasi di Jl Kusuma Bangsa Blitar
- Rumah Sakit Perkebunan Jember: Berlokasi di Jl Bedadung Jember dengan layanan unggulan Hemodialisis

Komposisi pemegang saham PT NMU sebagai berikut:

6. PT NUSANTARA MEDIKA UTAMA

PT Nusantara Medika Utama (NMU) has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT NMU owns 4 hospitals as follows:

- Gatoel Hospital: Located on Jl Raden Wijaya Mojokerto. Its flagship services are Hemodialysis and trauma center
- Toeloengredjo Hospital: Located on Jl A Yani Ds Tulungrejo, Kediri. Its flagship service is Hemodialysis service
- Medika Utama Hospital: Located on Jl Kusuma Bangsa Blitar
- Perkebunan Jember Hospital: Located on Jl Bedadung Jember. Its flagship service is Hemodialysis service

The composition of shareholders of PT NMU is as follows:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	67%
2	PT Perkebunan Nusantara X	32,55%
3	Koperasi Karyawan RS Gatoel	0,15%
4	Koperasi Karyawan RS Toeloengredjo	0,15%
5	Koperasi Karyawan Alamanda	0,15%

DAFTAR ENTITAS ANAK DAN/ATAU ENTITAS ASOSIASI

List of Subsidiary and/or Associate

7. PT NUSANTARA SEBELAS MEDIKA

PT Nusantara Sebelas Medika (NSM) menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT NSM memiliki 4 RS sebagai berikut:

- RS Lavalette: Berlokasi di Jl WR Supratman Malang dengan layanan unggulan Hemodialisis dan Cancer Centre
- RS Wonolangan: Berlokasi di Jl Raya Dringu Probolinggo dengan layanan unggulan bedah urologi
- RS Djatiroto: Berlokasi di Jl PB Sudirman Lumajang
- RS Elizabeth: Berlokasi di Jl WR Supratman Situbondo dengan layanan unggulan Hemodialisis

Komposisi pemegang saham PT NSM sebagai berikut:

7. PT NUSANTARA SEBELAS MEDIKA

PT Nusantara Sebelas Medika (NSM) has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT NSM owns 4 hospitals as follows:

- Lavalette Hospital: Located on Jl WR Supratman Malang. Its flagship services are Hemodialysis and Cancer Center
- Wonolangan Hospital: Located on Jl Raya Dringu Probolinggo. Its flagship service is urological surgery service
- Djatiroto Hospital: Located on Jl PB Sudirman Lumajang
- Elizabeth Hospital: Located on Jl WR Supratman Situbondo. Its flagship service is Hemodialysis service

The composition of shareholders of PT NSM is as follows:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	67%
2	PT Perkebunan Nusantara XI	32,80%
3	Koperasi Karyawan RS Lavalette	0,20%

8. PT ROLAS NUSANTARA MEDIKA

PT Rolas Nusantara Medika (RNM) menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT RNM memiliki 2 RS sebagai berikut:

- RS Kaliwates: Berlokasi di Jl Diah Pitaloka Jember dengan layanan unggulan Ibu dan Anak
- RS Bhakti Husada: Berlokasi di Jl Krikilan Banyuwangi dengan layanan unggulan rehab medik

Komposisi pemegang saham PT RNM sebagai berikut :

8. PT ROLAS NUSANTARA MEDIKA

PT Rolas Nusantara Medika (RNM) has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT RNM owns 2 hospitals as follows:

- Kaliwates Hospital: Located on Jl Diah Pitaloka Jember. Its flagship service is services for mothers and children
- Bhakti Husada Hospital: Located on Jl Krikilan Banyuwangi. Its flagship service is medical rehabilitation services

The composition of the shareholders of PT RNM is as follows:

No	Nama Perusahaan / Company Name	Prosentase Kepemilikan Saham / Share Ownership Percentage
1	PT Pertamina Bina Medika IHC	67%
2	PT Perkebunan Nusantara XII	32,999%
3	Koperasi Kantor Direksi Perkebunan Nusantara XII	0,002

LEMBAGA DAN PROFESI PENUNJANG PERUSAHAAN

Supporting Institutions and Profesionals

Jenis Lembaga / Type of Institution	Nama / Name	Alamat / Address	Jasa yang Diberikan / Service Rendered	Biaya Jasa / Fee	Periode Penunjukkan / Appointment Period
Kantor Akuntan Publik / Public Accounting Firm	**Purwantono, Sungkono & Surja**	Indonesia Stock Exchange Building Tower 2, 7th floor Jl.Jend. Sudirman Kav 52-52 Jakarta	Audit laporan keuangan / Audit on financial statements	Rp1.014.317.345	2021
Notaris / Notary	**Aulia Taufani, SH**	Menara Sudirman Lantai 18 A,B,D Jalan Jenderal Sudirman Kaveling 60 Jakarta Selatan - 12190	Jasa notaris / Notary service	Rp18.900.000	2021
Aktuaria / Actuary	**Padma Raya Aktuaria**	Plaza Asia Lantai 21 Zone B Jl. Jend Sudirman Kav. 59 Jakarta 12190	Jasa Perhitungan Aktuaria / Actuarial Calculation Services	Rp27.000.000	2021
Konsultan Hukum / Legal Consultant	**Siregar & Djojonegoro**	One Pacific Place, 10th Floor SCBD Jl. Jend Sudirman Kav 52-53 Jakarta 12190	Pendampingan Hukum / Legal Assistance	Rp1.402.000.000	2021

AKUNTAN PUBLIK

Dalam melakukan audit eksternal, Perseroan menunjuk Kantor Akuntan Publik (KAP) untuk melakukan kegiatan audit secara eksternal dan memberikan opini atas laporan keuangan yang telah disusun oleh Direksi.

Penunjukkan KAP dilaksanakan melalui Keputusan Rapat Umum Pemegang Saham Tahunan Tahun Buku 2020 PT Pertamina Bina Medika IHC Tanggal 27 April 2021 dalam Agenda Penetapan Kantor Akuntan Publik (KAP) Untuk Tahun 2021, dengan keputusan:

Memberikan kuasa dan melimpahkan kewenagan kepada Dewan Komisaris Perseroan untuk menetapkan Kantor Akuntan Publik (KAP) dalam melakukan pemeriksaan atas Laporan Keuangan Perseroan Periode 1 Januari sampai dengan 31 Desember 2021 berikut besaran nilai jasanya, sesuai ketentuan dan peraturan yang berlaku, dengan ketentuan bahwa KAP yang ditunjuk Perseroan dikonsultasikan/dikoordinasikan terlebihi dahulu dengan PT Pertamina (Persero).

PUBLIC ACCOUNTANT

The Company appoints a Public Accounting Firm (KAP) to carry out external audit activities and provide an opinion on the financial statements that have been prepared by the Board of Directors.

The appointment of KAP is carried out through General Meeting of Shareholders for 2020 Fiscal Year of PT Pertamina Bina Medika IHC dated April 27, 2021 in Agenda of Appointment of Public Accounting Firm for 2021, with the following decision:

Granted power and authority to the Board of Commissioners of the Company to determine the Public Accounting Firm (KAP) in conducting audit of the Company's Financial Statements for the Period January 1 to December 31, 2021 along with the amount of the fee, in accordance with applicable rules and regulations, provided that the appointed KAP was consulted/ coordinated in advance with PT Pertamina (Persero).

LEMBAGA DAN PROFESI PENUNJANG PERUSAHAAN

Supporting Institutions and Profesionals

Audit terhadap laporan keuangan Perusahaan tahun buku 2021 dilakukan oleh Akuntan Publik Purwantono, Sungkoro & Surja, dengan lingkup kerja *Interim Audit*, *Year End Audit* dan *Management Letter*. Adapun biaya jasa/*fee* Akuntan Publik Tahun 2021 adalah sebesar Rp 1.014.317.345 termasuk PPN 10% atas penerimaan jasa berupa jasa audit laporan keuangan tahunan.

Audit on the Company's 2021 financial statements was carried out by Public Accounting Firm Purwantono, Sungkoro & Surja with scope of work including Interim Audit, Year End Audit, and Management Letter. Fee for the Public Accountant in 2021 amounted to Rp1,014,317,345 including VAT 10% on service acceptance in the form of annual financial statements audit service.

Berikut Kantor Akuntan Publik (KAP) yang melakukan jasa audit di PT Pertamina Bina Medika IHC selama periode 2017 – 2021:

Public Accounting Firms (KAP) that performed audit services of PT Pertamina Bina Medika IHC during the 2017-2021 period are as follows:

No	Tahun / Year	Kantor Akuntan Publik / Public Accounting Firm	*Partner*
1	**2021**	**Purwantono, Sungkoro & Surja**	**Mento**
2	2020	Purwantono, Sungkoro & Surja	Sinarta
3	2019	Purwantono, Sungkoro & Surja	Sinarta
4	2018	Purwantono, Sungkoro & Surja	Sinarta
5	2017	Purwantono, Sungkoro & Surja	Sinarta

04

TINJAUAN PENDUKUNG BISNIS

Overview on Supporting Business Unit

SUMBER DAYA MANUSIA
Human Capital

Pengelolaan SDM Pertamedika IHC dijalankan di bawah pengawasan Divisi *Human Capital & General Affairs* (HCGA) yang dipimpin oleh *Vice President* HCGA dengan koordinasi dari 4 (empat) manajer, yaitu *Manager HC Strategic, Manager HC Operations, Manager HC Development & People Management* serta *Manager General Affairs.*

HC development in Pertamedika IHC is performed under the supervision of the Human Capital & General Affairs Division led by an HCGA Vice President that coordinates 4 (four) managers, namely Strategic HC Manager, HC Operations Manager, HC Development & People Management Manager, and General Affairs Manager.

Komitmen Pertamedika IHC dalam mencapai keberlanjutan bisnis jangka panjang didukung oleh adanya Sumber Daya Manusia (SDM) yang berkualitas dan memiliki kapabilitas tinggi serta peningkatan mutu layanan. Berdasarkan pada hal tersebut, Perseroan berfokus pada aspek-aspek tersebut agar dapat memberikan dukungan yang maksimal bagi tujuan kinerja Perseroan serta memberikan kontribusi terbaik dalam penyediaan layanan kesehatan kepada pelanggan.

The commitment of Pertamedika IHC in achieving long-term business continuity is supported by Human Capital (HC) with high quality and capability, effectiveness of Information Technology (IT) utilization, and quality service improvement. Therefore, the Company invests in these three aspects to provide maximum support for the Company's performance as well as the best contribution in the provision of health services to customers.

KOMITMEN PENGELOLAAN SUMBER DAYA MANUSIA

Peran Pertamedika IHC sebagai *holding operatorship* dari RS BUMN menuntut Perseroan untuk terus melakukan peningkatan terhadap kualitas SDM agar dapat menjadi *benchmark* bagi seluruh Rumah Sakit yang ada di bawah koordinasinya. Perseroan memahami sepenuhnya bahwa SDM merupakan aset penting dalam kelancaran aktivitas operasional serta pencapaian visi dan misi perusahaan. Pesatnya persaingan usaha membuat Pertamedika IHC menetapkan pembangunan SDM sebagai unsur keunggulan utama Perusahaan.

Pertamedika IHC memastikan bahwa semua Insan Perseroan yang diatur dalam pengelolaan rumah sakit/klinik yang diawasi oleh badan akreditasi rumah sakit/klinik. Dalam hal ini, badan akreditasi rumah sakit/klinik bertugas melakukan *assessment* (penilaian) terhadap rumah sakit/klinik berdasarkan standar akreditasi yang berlaku, antara lain terkait penentuan jumlah dan spesifikasi tenaga serta fasilitas penunjang layanan yang harus dimiliki oleh sebuah rumah sakit/klinik. Sampai dengan laporan ini diterbitkan, Perseroan tetap konsisten memberikan perhatian yang besar dalam pengelolaan dan pengembangan SDM, mulai dari proses rekrutmen, pengembangan kompetensi yang berkelanjutan, menciptakan lingkungan kerja yang kondusif, serta memperhatikan kesejahteraan para pekerja. Dalam upaya komitmen pengembangan kompetensi SDM, Pertamedika IHC memberikan fasilitas setiap individu mengikuti berbagai bentuk pelatihan dan pendidikan.

Tahun 2021 merupakan tahun di mana teknologi dan digitalisasi semakin berkembang pesat dan semakin diandalkan dalam kehidupan sehari-hari, serta adanya pemulihan ekonomi perlahan-lahan secara global maupun nasional. Menanggapi kondisi tersebut, Pertamedika IHC melalui Divisi *Human Capital & General Affairs* secara cepat dan efektif berupaya mengembangkan kemampuan SDM untuk beradaptasi dan berinovasi di bidang digital, baik dalam aspek medis maupun *non-medis*. Era digital juga membentuk pendekatan baru terhadap SDM di mana SDM dituntut untuk memiliki keahlian khusus dan mendalam, dibarengi dengan pemahaman yang luas dan kemampuan menyelesaikan masalah terhadap berbagai isu yang dihadapi.

COMMITMENT ON HUMAN CAPITAL MANAGEMENT

As a holding operatorship of SOE Hospital, Pertamedika IHC is requirede to continue improving HC quality in order to become a benchmark for Hospitals under its coordination. The Company is fully aware that HC has a key role in the smooth running of operational activities and in the achievement of the Company's vision and mission. Pertamedika IHC makes HC development as a key element of the Company's excellence amid of the increasingly rapid business competition.

Pertamedika IHC ensures that all of its personnel have followed all procedures set out in the management of hospitals/clincis overseen by the hospital/clinic accreditation body. This accreditation body has a duty to conduct an assessment towards a hospital/clinic based on applicable accreditation standards, including the determination of the number and specification of personnel as well as service support facilities essential for a hospital/clinic. As of the publication of this report, the Company continues to pay great attention to HC management and development, starting from recruitment process, continuous competency development, creation of conducive working environment, as well as take care of the employee's welfare. In HC competency development, Pertamedika IHC provides facilities to each individual to participate in various trainings and educations.

Technology has developed rapidly and digital era has gotten closer to daily life in 2021. In response to such conditions, Human Capital & General Affairs (HCGA) Division of Pertamedika IHC rapidly and effectively strives to develop HC capability in adapating and innovating in the digital sector, both in medical and non-medical aspects. Digital era also forms a new approach to HC, namely for HC to have specific and deep expertise with broad understanding and ability to solve various issues, which becomes one of the Company's needs.

PROFIL DIVISI *HUMAN CAPITAL AND GENERAL AFFAIR*

Pengelolaan SDM Pertamedika IHC dijalankan di bawah pengawasan Divisi *Human Capital & General Affair* atau disingkat dengan HCGA yang dipimpin oleh seorang *Vice President* HCGA dengan koordinasi dari 4 (empat) manajer, yaitu *Manager* HC *Strategic*, *Manager HC Operations, Manager* HC *Development & People Management* serta *Manager General Affairs*.

Visi: "Menjadi *Partner Strategic Bussiness* dan menciptakan *talent* untuk Pertamedika IHC dalam mewujudkan Ketahanan Kesehatan Nasional"

Misi: "Menjalankan praktik pengelolaan *Human Capital* dalam rangka mewujudkan terciptanya budaya kinerja tinggi melalui *organizational capital readiness* dan *human capital readiness"*

FOKUS LANGKAH STRATEGIS DIVISI HCGA 2021

Perseroan menyadari sepenuhnya bahwa momentum pemulihan ekonomi dan transformasi digital juga harus dimanfaatkan sebagai sarana untuk menciptakan nilai bagi perusahaan. Sikap adaptif terhadap perubahan digital ini diharapkan akan lebih strategis dan dapat membantu kinerja Perseroan menjadi lebih efektif, sehingga dapat meningkatkan nilai sebagai mitra bisnis bagi perusahaan.

Tahun 2021 merupakan tahun yang penuh tantangan bagi Perusahaan, Pandemi yang belum berakhir membuat Perusahaan harus terus bisa memfasilitasi kebutuhan layanan kesehatan dalam mendukung program pemerintah untuk memberikan layanan kesehatan terbaik bagi masyarakat. Untuk itu Perusahaan terus menambah kapasitas tempat tidur untuk layanan Covid-19 diseluruh unit rumah sakit diseluruh tanah air. Hal ini tentunya tidak lepas dari peran fungsi HCGA yakni untuk menyediakan tenaga kerja yang siap terjun dalam pemenuhan organisasi serta memfasilitasi sarana dan prasarana pendukung operasional guna mendukung pencapaian target perusahaan.

Dalam memenuhi tenaga kesehatan dalam jumlah yang cukup banyak tentunya fungsi HCGA bekerja sama dengan perhimpunan tenaga kesehatan seperti Ikatan Dokter Indonesia (IDI), perhimpunan-perhimpunan dokter spesialis, PPNI serta pusat pendidikan kesehatan bagi tenaga kesehatan lainnya.

Disisi lain dalam rangka pemenuhan layanan kesahatan bagi masyarakat maka Perusahaan terus berbenah dengan melengkapi layanan-layanan diseluruh rumah sakit di lingkungan Perusahaan dengan menambah jumlah dokter-dokter spesialis. Pemenuhan

HUMAN CAPITAL AND GENERAL AFFAIRS DIVISION PROFILE

HC development in Pertamedika IHC is performed under the supervision of the Human Capital & General Affairs Division led by an HCGA Vice President that coordinates 4 (four) managers, namely Strategic HC Manager, HC Operations Manager, HC Development & People Management Manager, as well as General Affairs Manager.

Vision: "To become a Strategic Business Partner and develops talents for Pertamedika IHC in realizing National Health Resilience".

Mission: "Performing Human Capital management practices in order to create high performance work culture through organizational capital readiness and human capital readiness".

HCGA STRATEGIC STEPS FOCUS IN 2021

The Company is fully aware that digitalization development must also be utilized as a facility to create value for the Company. Being adaptive to this digital change is expected to be strategic in improving the effectiveness of the Company's performance, thereby increasing HCGA value as a business partner for the Company.

2021 was a year challenging year for the Company. The pandemic that is not over yet makes the Company must continue to be able to facilitate the needs of health services in support of government programs to provide the best health care services for the community. For this reason, the Company continues to increase bed capacity for Covid-19 services in all hospital units throughout the country. This certainly cannot be separated from the role of the HCGA function, namely to provide workers who are ready to participate in fulfilling the organization and to facilitate operational support facilities and infrastructure to support the achievement of company targets.

In meeting a sufficient number of health care workers, the function of HCGA is to work together with health care worker associations such as the Indonesian Doctors Association (IDI), specialist doctor associations, PPNI and health education centers for other health care workers.

On the other hand, in order to fulfill health care services for the community, the Company continues to improve by completing services in all hospitals in the Company by increasing the number of specialist doctors. The fulfillment of these specialist doctors

dokter spesialis ini dilaksanakan melalui beberapa program seperti bekerja sama dengan universitas-universitas terkemuka, memberikan beasiswa bagi dokter umum yang berminat untuk menjadi spesialis serta beasiswa bagi non pekerja dengan memberikan beasiswa bagi lulusan terakhir dengan ketentuan yang telah diatur dalam pedoman pendidikan.

Disamping melakukan pemenuhan tenaga kerja, Divisi HCGA juga terus melakukan pengembangan kompetensi bagi para tenaga kesehatan dengan memberikan pelatihan dan pendidikan yang sesuai kualifikasi kebutuhan *Centre of excellence* (COE) yang akan dikembangkan setiap unit rumah sakit. Kemudian Divisi HCGA terus melakukan internalisasi *Core Value* AKHLAK, fungsi HCGA melakukan program monitoring implementasi Core Value AKHLAK diseluruh Unit Usaha dan anak perusahaan, melalui kegiatan sosialisasi, *sharing knowledge*, pelatihan, dan perlombaan-perlombaan yang secara berkala dilakukan. Fungsi People Development terus melakukan upaya-upaya peningkatan kompetensi bekerja sama dengan komite-komite tenaga kesehatan di rumah sakit untuk memberikan program pelatihan sesuai kebutuhan. Untuk non medis *People Development* juga memberikan program *Executive Development Program* (EDP) bagi para talenta yang dipersiapkan sebagai kader pemimpin masa depan, serta memberikan beasiswa pendidikan S2 Manajemen Rumah sakit bekerja sama dengan Universitas Gadjah Mada.

Peran fungsi General Affair (GA) di tahun 2021 cukup strategis sebagai fungsi pendukung penyediaan sarana dan prasarana terutama dimasa pandemi dimana Perusahaan terus menambah kapasitas tempat tidur serta layanan kesehatan seperti RS Ukrida, RS Modular Tanjung Duren, Asrama Haji Pondok Gede serta Asrama Haji Lampung. Fungsi Divisi GA menjadi fungsi yang sangat penting dalam pemenuhan sarana prasarana di unit-unit baru tersebut. Disamping itu fungsi GA juga melakukan inovasi dengan melakukan sentralisasi beberapa pengadaan yang selama ini masih dilaksanakan di unit usaha seperti pengadaan kendaraan dinas, seragam, pembuangan limbah dan *labor supply* (tenaga kerja *outsourcing*).

Dalam upaya mendukung fungsi HCGA di setiap Anak Perusahaan, Divisi HCGA Pertamedika secara rutin melakukan pertemuan secara rutin dalam rangka konsolidasi agar proses transformasi di lingkungan HCGA dapat berjalan secara maksimal serta secara rutin melayani konsultasi bagi fungsi HCGA di setiap anak perusahaan dalam meningkatkan peran fungsi HCGA di anak perusahaan seperti standarisasi pedoman-pedoman, persiapan perundingan bersama serikat pekerja dalam penyusunan Perjanjian Kerja Bersama, penyusunan skala upah dan lain sebagainya.

is carried out through several programs such as cooperation with leading universities, provision of scholarships for general practitioners who are interested in becoming specialists and scholarships for non-employees by providing scholarships for recent graduates with the provisions stipulated in the educational guidelines.

In addition to fulfilling the workforce aspect, the HCGA Division also continues to develop competence for health care workers by providing training and education according to the qualifications needed for the Center of Excellence (COE) which will be developed by each hospital unit. Then the HCGA Division internalizes the AKHLAK Core Value, the HCGA function carries out a monitoring program for the implementation of the AKHLAK Core Value in all Business Units and subsidiaries, through socialization activities, knowledge sharing, training, and competitions that are regularly held. The People Development function always makes efforts to increase competence in cooperation with health care worker committees in hospitals to provide training programs as needed. For non-medical people, People Development also provides an Executive Development Program (EDP) for talents who are prepared as future cadres of leaders, as well as providing scholarships for Master's Degree in Hospital Management in collaboration with Universitas Gadjah Mada.

The role of the General Affair (GA) in 2021 was quite strategic to support the provision of facilities and infrastructure, especially during the pandemic where the Company continues to increase the capacity of beds and health care services such as Ukrida Hospital, Tanjung Duren Modular Hospital, Pondok Gede Hajj Dormitory, and Lampung Hajj Dormitory. The function of the GA Division is very important in the fulfillment of infrastructure facilities in these new units. Besides, the GA function also innovates by centralizing several procurements that are still being carried out in business units such as procurement of official vehicles, uniforms, waste disposal and labor supply (outsourced labor).

In an effort to support the HCGA function in each Subsidiary, the HCGA Division of Pertamedika regularly holds meetings for consolidation so that the transformation process within the HCGA environment can run optimally and regularly provides consultation for the HCGA function in each subsidiary in enhancing the role of the HCGA function in subsidiaries such as standardization of guidelines, preparation of collective agreement unions in the preparation of Collective Labor Agreements, preparation of wage scales and so on.

JUMLAH PEKERJA

Jumlah pekerja yang disajikan adalah jumlah pekerja Korporat dan Unit Usaha Pertamedika IHC, adapun untuk jumlah pekerja 8 (delapan) Anak Perusahaan disajikan tersendiri.

Pada tahun 2021, jumlah pekerja Perseroan tercatat sebanyak 2.727 pekerja, terdiri dari 2.287 pekerja waktu tidak tertentu (PWTT) dan 440 pekerja waktu tertentu (PWT) serta 998 pekerja *project* dan 1.010 pekerja mitra, jumlah total pekerja menurun 22% dari tahun 2020 jumlah pekerja adalah 3.327 pekerja yang terdiri dari 2.473 pekerja waktu tidak tertentu dan 854 pekerja waktu tertentu serta 803 pekerja mitra dan 1.188 pekerja *project*. Pekerja *project* baru dilaksanakan di tahun 2020 dikarenakan adanya RS baru yang khusus melayani COVID-19.

Berikut adalah informasi mengenai komposisi pekerja Perseroan berdasarkan status kepegawaian, fungsi, jenjang pendidikan, dan usia selama tahun 2021:

TOTAL EMPLOYEES

Total employee data presented is the number of Pertamedika IHC Corporate and Business Unit employees. The number of employees for 8 (eight) Subsidiaries is presented separately.

In 2021, total employees of the Company were at 2,727 employees, consisting of 2,287 permanent employees and 440 temporary employees. This number is a decrease of 22% compared to total employees in 2020 that were at 3,327 employees consisting of 2,473 permanent employees and 854 temporary employees as well as 803 partner employees. In 2020, new project employees were recruited due to the new hospitals added specifically for handling COVID-19.

Information on the composition of the Company's employees based on employment status, function, education, age, and outsourcing throughout 2021 is as follows:

Komposisi Pegawai Berdasarkan Status Kepegawaian / Employee Composition by Employment Status

Status	2021	2020
PWTT (Pekerja Tetap) / PWTT (Permanent Employee)	2282	2.473
PWT (Pekerja Tidak Tetap) / PWT (Contract Employee)	440	854
Pekerja *Project* / Project Employee	1038	1.188
Mitra / Partner	1.052	803
Total	**4.821**	**3.327**

Komposisi Pegawai Berdasarkan Fungsi / Employee Composition by Function

Fungsi / Function	PWTT	PWT	PWTT	PWTT	Mitra / Partner	*Project*	Total
	PBM	PBM	Persero	Non-Persero	PBM	PBM	
Direksi / Board of Directors	0	0	0	0	0	0	0
Manajemen / Management	95	0	4	1	0	0	100
Medis / Medics	159	24	0	1	400	202	786
Keperawatan / Nursing	1.115	238	0	0	391	659	2.403
Penunjang Medis / Medical Supports	501	91	0	0	175	130	897
Non-Medis / Non-Medics	412	87	1	2	86	47	636
Total	**2.282**	**440**	**5**	**4**	**1.052**	**1.038**	**4.821**

Komposisi Pegawai Berdasarkan Jenjang Pendidikan / Employee Composition by Education Level

Pendidikan / Education	PWTT	PWT	PWTT	PWTT	Mitra / Partner	*Project*	Total
	PBM	PBM	Persero	Non-Persero	PBM	PBM	
Dibawah Diploma / Below Associate's Degree	240	103	0	1	31	37	412
Diploma / Associate's Degree	1.208	161	1	0	395	586	2.351
S1 / Bachelor's Degree	690	175	0	3	331	410	1.609
S2 / Master's Decree	142	1	3	0	292	5	443
S3 / Doctorate Degree	2	0	1	0	3	0	6
Total	**2.282**	**440**	**5**	**4**	**1.052**	**1.038**	**4.821**

Komposisi Pegawai Berdasarkan Usia **Employee Composition by Age**

Usia / Age	PWTT PBM	PWT PBM	PWTT Persero	PWTT Non-Persero	Mitra / Partner PBM	Project PBM	Total
<20 tahun / years old	0	0	0	0	6	4	10
21-25 tahun / years old	6	45	0	0	265	338	654
26-30 tahun / years old	148	157	0	1	291	441	1.038
31-35 tahun / years old	407	99	2	2	125	158	793
36-40 tahun / years old	394	82	1	0	118	72	667
41-45 tahun / years old	586	38	1	0	51	16	692
46-50 tahun / years old	481	13	0	1	73	6	574
51-55 tahun / years old	253	5	1	0	16	2	277
>56 tahun / years old	7	1	0	0	107	1	116
Total	**2.282**	**440**	**5**	**4**	**1.052**	**1.038**	**4.821**

Komposisi Pegawai Pertamedika Beserta Anak Perusahaan **Employee Composition of Pertamedika and Subsidiaries**

No	Nama RS/PT / Hospital/Company Name	Formasi / Formation	Terisi (Establish) / Filled (Established)	Vacant	Direksi Non Perbantuan / Non-Seconded Director	Perbantuan (termasuk Direksi) / Seconded (including Directors)	PWTT	PWT	Mitra / Partner	Project / Project	OS
1	PT Pertamina Bina Medika IHC	4.614	3.070	1.544	4	5	2.282	440	1.012	998	
2	PT Nusantara Medika Utama	1.395	1.360	0	0	1	787	573	161	25	407
3	PT NSM	952	894	57	1	0	515	400	161	0	304
4	PT Krakatau Medika	670	543	127	0	2	413	53	238	304	291
5	PT Pelindo Husada Citra	1.033	1.006	0	2	0	716	160	134	34	185
6	PT Rolas Nusantara Medika	708	582	126	0	0	388	182	12	9	93
7	RS Pelni	1.551	1.401	0	0	0	1.053	297	117		333
8	RS Pelabuhan	1.701	1.727	-1	1	1	868	352	174		332
9	RS Bakti Timah	0	1.521	0	0	0	1.178	166	132	13	88
Total		**12.624**	**12.104**	**1.853**	**8**	**9**	**8.200**	**2.623**	**2.139**	**1.383**	**2.033**

KEGIATAN PENDIDIKAN DAN PELATIHAN TAHUN 2021

Sepanjang 2021, Perusahaan telah memenuhi kebutuhan kompetensi dalam mendukung operasional PERTAMEDIKA IHC, peningkatan kompetensi dilakukan dengan penyelenggaraan pendidikan dan pelatihan berbasis kompetensi, serta peningkatan sertifikasi yang merupakan *mandatory* dari ketentuan yang ada didalam operasional Rumah Sakit baik untuk tenaga medis, keperawatan, dan penunjang medis serta non medis lainnya.

Dengan adanya pandemi COVID-19 di tahun 2021 ini membuat strategi peningkatan kompetensi pun menyesuaikan sesuai dengan kondisi dan tuntutan layanan yang diberikan. Seminar/ Pelatihan lebih banyak dilakukan secara daring melalui aplikasi *Zoom Meeting* maupun Mteams, pelatihan secara *offline* dilakukan hanya untuk kebutuhan skill tertentu yang tidak dapat dilakukan secara *online*.

EDUCATION AND TRAINING ACTIVITIES IN 2021

Throughout 2021, the Company has fulfilled the competency needs in supporting PERTAMEDIKA IHC operations, competency improvement is carried out by providing competency-based education and training, as well as increasing certification which is mandatory from the existing provisions in hospital operations for medical, nursing, and medical support personnel as well as other non-medical personnel.

With the COVID-19 pandemic in 2021, the competency improvement strategy was also adjusted according to the conditions and demands for the services provided. Seminars/ Trainings were mostly carried out online through the Zoom Meeting and Mteams applications, offline training was only held for certain skill needs that could not be done online.

Perusahaan memberikan kesempatan kepada Pekerja untuk meningkatkan serta mengembangkan ketrampilan, kualitas, produktvitas, keahlian sesuai kompetensi untuk peningkatan kinerja perusahaan baik dengan biaya perusahaan maupun swadana sebagai berikut:

The Company provides opportunities for employees to improve and develop skills, quality, productivity, expertise according to competence in improving company performance in the form of company-funded and self-funded trainings as follows:

Pendidikan dan Pelatihan baik Medis maupun Non-Medis / Medical and Non-Medical Education and Trainings

No	Judul Pelatihan / Training Name	Jumlah Peserta / Total Participants	Keterangan / Description
1	Manajemen RS / Hospital Management	17 Orang / Participants	Tugas Belajar/Swadana / Study Assignment/Self-funded
2	Dokter Spesialis / Specialists	3 Orang / Participants	Tugas Belajar/Swadana / Study Assignment/Self-funded
3	S2 Umum / General Master's Degree	14 Orang / Participants	Tugas Belajar/Swadana / Study Assignment/Self-funded
4	S1 Keperawatan / Bachelor's Degree in Nursing	132 Orang / Participants	Swadana / Self-funded
5	Profesi Ners / Nurse Profession	83 Orang / Participants	Swadana / Self-funded
6	D3 Farmasi / Associate's Degree in Pharmacy	7 Orang / Participants	Swadana / Self-funded
7	D3 Analis / Associate's Degree in Analyst	1 Orang / Participants	Swadana / Self-funded

PELATIHAN PER ORANG KORPORAT / TRAINING PER PERSON BY CORPORATE

No	Nama / Name	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants	Penyelenggara / Organizer	Biaya / Costs
1	yayat supriatna	Pelatihan Sertifikasi Qualified Internal Auditor Tingkat Dasar / Basic Training for Qualified Internal Auditor	18-30/01/2021	81		1	Yayasan Pendidikan Internal Audit (YPIA) / Internal Audit Education Foundation (YPIA)	13000000
2	mita nurfijriastuti	Pelatihan Sertifikasi Qualified Internal Auditor Tingkat Dasar / Basic Training for Qualified Internal Auditor				1	Yayasan Pendidikan Internal Audit (YPIA) / Internal Audit Education Foundation (YPIA)	
3	Nanang Taufik	Pelatihan Sertifikasi Qualified Internal Auditor Tingkat Dasar / Basic Training for Qualified Internal Auditor	1-13/Feb 2021	81		1	Yayasan Pendidikan Internal Audit (YPIA) / Internal Audit Education Foundation (YPIA)	15.000.000,00
4	Henry Hidayatullah	Pelatihan Sertifikasi Qualified Internal Auditor Tingkat Dasar / Basic Training for Qualified Internal Auditor		81		1	Yayasan Pendidikan Internal Audit (YPIA) / Internal Audit Education Foundation (YPIA)	15.000.000,00
5	dr. Riny Utami	Certified Human Resources Professional (CHRP)	5 Jan - 27 Maret 2021			1		
6	Moh Anna Noor Eka	Certified Human Resources Professional (CHRP)				1		
7	Ade Jatmakawati	Hospital Safety Index, Kesiapan RS Menghadapi Disaster dan Lonjakan Pasien di Era Pandemi Covid-19 / Hospital Safety Index, Hospital Readiness to Face Disasters and Increase in Patients in the Covid-19 Pandemic	23 - 24/02/2021		Korporat / Corporate	1	WIA Training	548.398
8	Eko Budi S	Workload Analysis	27 - 28/02/2021	5	Korporat / Corporate	1	PT Talenta Borneo Harmoni	1.300jt / 8
9	Aini Farhati	Workload Analysis	27 - 28/02/2021	5	Korporat / Corporate	1	PT Talenta Borneo Harmoni	
10	Moh Anna Noor Eka	Workload Analysis	27 - 28/02/2021	5	Korporat / Corporate	1	PT Talenta Borneo Harmoni	
11	Puspa Kencana	Workload Analysis	27 - 28/02/2021	5	Korporat / Corporate	1	PT Talenta Borneo Harmoni	
12	Siti Annisah Purnamasari	Workload Analysis	27 - 28/02/2021	5	Korporat / Corporate	1	PT Talenta Borneo Harmoni	
13	Lisa Dwisanti	Workload Analysis	27 - 28/02/2021	5	Korporat / Corporate	1	PT Talenta Borneo Harmoni	

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
1	Workshop Online Pengisian Data Kinerja (Evaluasi Sistem Remunerasi Berbasis Kinerja di PERTAMEDIKA IHC) / Online Workshop on Filling Performance Data (Evaluation of Performance-Based Remuneration System at PERTAMEDIKA IHC)	18/01/2021	3	RSPPbm	52
2	Webinar Pembukaan "Bulan K3 Tahun 2021" / Opening Webinar "OHS Month of 2021)	15/01/2021	2	RSPPbm	50
3	Sosialisasi MPP 2021 / MPP 2021 Dissemination	26/01/2021	2	RSPPbm	113
4	Pelatihan Relational Database Management System Postgre SQL / Postgre SQL Relational Database Management System Training	04-08/01/2021	40	RSPC	95
5	Pelatihan Vaksinator dengan ICV / Vaccination Training with ICV	19 & 23/01/2021	6	Pertamedika IHC	395
6	Workshop online "Pengisian Data Kinerja" Remunerasi / Online Workshop "Filling in Performance Data" Remuneration	18/01/2021	2	RSPT	52
7	Penguatan Sumber Daya Manusia yang unggul dan berbudaya K3 pada semua sektor usaha / Strengthening excellent Human Resources and OHS culture in all business sectors	18/01/2021	1.5	Pertamedika IHC	110
8	Pelatihan Sertifikasi Hiperkes Bagi Perawat / Hyperkes Certification Training for Nurses	15-19/03/2021	24	Pertamedika IHC Group	40
9	Pelatihan *Digital Marketing Practical* / Practical Digital Marketing Training	20, 21, 27/03/2021	9	Pertamedika IHC Group	233
10	Pelatihan *Executive Development Program (EDP)* / Executive Development Program (EDP) Training	Maret - Agustus/2021 / March-August/2021	6 Bulan / Months	Direktur & Wadir Unit / Directors and Vice Directors of Units	25
11	Workshop Perhitungan Tingkat Kesehatan Perusahaan, Dividen dan Tantiem bagi Direksi dan Dewan Komisaris PT Pertamina Bina Medika IHC dan Anak Perusahaan / Workshop on Calculation of Corporate Health Level, Dividends and Bonuses for Board of Directors and Board of Commissioners of PT Pertamina Bina Medika IHC and Subsidiaries	13/04/2021	3	Pertamedika IHC Group	35
12	Sosialisasi Pertamina Environment Regulation Compliance Assurance (PERCA) / Dissemination of Pertamina Environment Regulation Compliance Assurance (PERCA)	03-05/05/2021	12	Pertamedika IHC Group	210
13	Pelatihan 4S1B / 451B Training	05-07/05/2021	20	RSPP, RSPJ, RS Pelni, RS Krakatau Medika, RS Pelabuhan Jakarta, RS Port Medical Center / RSPP, RSPJ, Pelni Hospital, Krakatau Medika Hospital, Jakarta Harbor Hospital, Port Medical Center Hospital	36
14	Workshop Perhitungan Tingkat Kesehatan Perusahaan, Dividen dan Tantiem bagi Direksi dan Dewan Komisaris PT Pertamina Bina Medika IHC dan Anak Perusahaan / Workshop on Calculation of Corporate Health Level, Dividends and Bonuses for Board of Directors and Board of Commissioners of PT Pertamina Bina Medika IHC and Subsidiaries	13/04/2021	3	Pertamedika IHC Group	35
15	Management Risiko Di Rumah Sakit Pada Era Pandemi Covid 19 / Risk Management in Hospitals During the Covid 19 Pandemic Era	14/06/2021	2.5	Pertamedika IHC Group	195
16	Penanggulangan Kebakaran & Bencana Di Era Pada Pandemi Covid 19 / Fire & Disaster Management in the Era of the Covid 19 Pandemic	15/06/2021	2.5	Pertamedika IHC Group	177
17	Management Laundry Rumah Sakit Pada Pandemi Covid 19 / Hospital Laundry Management In the Covid 19 Pandemic	15/06/2021	2.5	Pertamedika IHC Group	190
18	Peningkatan Mutu Dan Keselamatan Pasien (PMKP) / Quality Improvement and Patient Safety (PMKP)	21/06/2021	7	Pertamedika IHC Group	258
19	Root Cause Analysis (RCA)	22/06/2021	7	Pertamedika IHC Group	246
20	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture	25/06/2021	1	Pertamedika IHC Group	
21	Pasien Safety & Sasaran Keselamatan Pasien Pada Era Covid 19 / Patient Safety & Patient Safety Goals in the Covid 19 Era	28/06/2021	4	Pertamedika IHC Group	125
22	Management Laundry Pada Pandemi Covid 19 / Laundry Management in the Covid 19 Pandemic	29/06/2021	2.5	Pertamedika IHC Group	189
23	Pelatihan Sertifikasi ICU Dasar Batch 2 / Basic ICU Certification Training Batch 2	28/06 - 02/07/2021	37.5	Pertamedika IHC	32
24	Sertifikasi Pengelolaan Limbah B3 / Hazardous Waste Management Certification	29/06 - 02/07/2021	28	Pertamedika IHC	35
25	KPI Alignment - HR Metric & Staff Health	02/07/2021	1	Pertamedika IHC	30
26	Webinar Failure Mode and Effect Analysis (FMEA)	07/07/2021	6	Pertamedika IHC Group	163

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
27	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture	16/07/2021	1	Pertamedika IHC Group	110
28	Webinar Hak Pasien dan Keluarga (HPK) / Webinar on Patient and Family Rights (HPK)	19/07/2021	3	Pertamedika IHC Group	139
29	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	23/07/2021	1	Pertamedika IHC Group	114
30	Business Leader Upskilling : Pembekalan Fungsi Bidang / Business Leader Upskilling: Debriefing of Field Functions	08/03/2021	6	Pertamedika IHC Group	30
31	Workshop Pengisian Data Aktifitas Dokter Spesialis / Workshop on Filling in Specialist Doctor's Activity Data	08/02/2021	2	Pertamedika IHC Group	65
32	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	08/06/2021	1	Pertamedika IHC Group	93
33	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	13/8/2021	1	Pertamedika IHC Group	147
34	Pelatihan Aseptic Dispensing / Aseptic Dispensing Training	18/08/2021	2	Pertamedika IHC Group	873
35	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	20/8/2021	1	Pertamedika IHC Group	112
36	Pelatihan Pencegahan dan Pengendalian Infeksi (PPI) di Rumah Sakit Pada Era Pandemi COVID-19 / Infection Prevention and Control (PPI) Training in Hospitals During the COVID-19 Pandemic Era	23 - 25/08/2021	18	Pertamedika IHC Group	816
37	Workshop Lean Management"	26 - 28/08/2021	10	Pertamedika IHC Group	192
38	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	27/8/2021	1	Pertamedika IHC Group	86
39	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	09/03/2021	1	Pertamedika IHC Group	121
40	Pelatihan Sertifikasi Hiperkes Dokter / Hiperkes Doctors Certification Training	6 - 11/09/2021	48	Pertamedika IHC Group	36
41	Program Internalisasi Budaya AKHLAK Kajian Spiritual "Taklim Pekerja Budaya AKHLAK" Menjadi Muslim Hebat / AKHLAK Culture Internalization Program for Spiritual Studies "Taklim for Employees of AKHLAK Culture" Becoming A Great Muslim	09/10/2021	1	Pertamedika IHC Group	119
42	Webinar Komunikasi Efektif / Effective Communication Webinar	17/09/2021	2	Pertamedika IHC Group	827
43	Webinar Pengembangan Klinik Tematik / Thematic Clinic Development Webinar	18/09/2021	2	Pertamedika IHC Group	99
44	Lean Management	18/09/2021	6	Pertamedika IHC Group	173
45	Webinar Manajemen Nyeri / Pain Management Webinar	21/09/2021	2,5	Pertamedika IHC Group	298
46	Foorum Knowledge Management "Sosialisasi IHC Audit Charter" / Knowledge Management Forum "Dissemination of IHC Audit Charter"	24/09/2021	1	Pertamedika IHC	258
48	Webinar "Program Nasional Directly Observed Treatment Shortcourse (DOTS)" / Webinar "National Directly Observed Treatment Shortcourse (DOTS) Program"	30/09/2021	2,5	Pertamedika IHC Group	271
49	Program Pengendalian Resistensi Antimikroba (PPRA) / Antimicrobial Resistance Control Program (PPRA)	10/06/2021	2,5	Pertamedika IHC Group	185
50	Pelatihan Asesor / Assessor Training	02 - 03/12/2021	7	Pertamedika IHC Group	75
51	Webinar "Pengadaan Barang dan Jasa" / Webinar "Procurement of Goods and Services"	12/06/2021	2	Pertamedika IHC	52
52	Ngobrol Penuh Inspirasi "Manners at Work" / Inspirational Chat "Manners at Work"	17/12/2021	3	Pertamedika IHC Group	369
53	Upskilling "Leader as Coach Batch 1"	12/02/2022	3	Pertamedika IHC Group	278
54	Upskilling "Leader as Coach Batch 2"	23/12/2021	3	Pertamedika IHC Group	254
55	The TOEIC Official Learning and Preparation Course (TOLPC)	Desember 2021 / December 2021	3 bulan / months	Pertamedika IHC Group	60
Jumlah Peserta / Total Participants					**9.373**

Adapun pelatihan dan sertifikasi yang sudah dilaksanakan di tahun 2021 sebagai berikut:

Trainings and certifications carried out throughout 2021 are as follows

No	Nama Forum / Forum Name	Jumlah Kegiatan / Total Activities	Jumlah Peserta / Total Participants
1	*IHC Medical Forum*	24 kali / times	3.167 Orang / Participants
2	*Nursing Day*	2 kali / times	1.307 Orang / Participants
3	Pelatihan untuk Medis dan Non Medis / Medical and Non-Medical Trainings	923 kali / times	11.518 Orang / Participants
4	Sertifikasi Kompetensi / Competency Certification	11 kali / times	242 Orang / Participants
5	*Executive Development Program*	3 *Batches*	77 Orang / Participants
6	TOIEC	1 kali / time	60 Orang / Participants

IHC Medical Forum

IHC Medical Forum

No	Judul / Title	Tanggal / Date	Narasumber / Speaker	Jumlah Peserta / Total Participants
1	Update on Prostate Cancer : Hormonal and Advance Treatment"	18/01/2021	1. dr. Akbari Wahyudi, Sp.U 2. dr. Firtantyo Adi,Sp.U, FICS	175
2	Webinar Ilmiah IHC Medical Forum "Acid Related Disease and Comprehensive Dyslipidemia Management in Primary Healthcare" / IHC Medical Forum Scientific Webinar "Acid Related Disease and Comprehensive Dyslipidemia Management in Primary Healthcare"	17/02/2021	1. dr. Kurniawan Iskandarsyah, Sp.JP, FIHA 2. dr. Asep Saepul Rochmat,Sp.PD, KGEH 3. dr. Sidhi Laksono, Sp.JP(K), FIHA	137
3	Webinar Ilmiah IHC Medical Forum "Manajemen Asma dan PPOK di Era Pandemi" / / IHC Medical Forum Scientific Webinar "Asthma and PPOK Management during the Pandemic"	25/03/2021	1. dr. Wahyuningsih, Sp.P 2. Dian Prastiti, Sp.P	128
4	Webinar Ilmiah IHC Medical Forum " Optimal Treatment for Allergic Rhinitis and its Comorbid" / IHC Medical Forum Scientific Webinar " Optimal Treatment for Allergic Rhinitis and its Comorbid"	07/04/2021	1. dr. Amang Surachman, Sp.THT-KL 2. Herlina Ida, Sp.THT-KL	111
5	*Update On Insulin Management in Diabetes Patient*	28/04/2021	1. dr. Asep Saepul Rohmat, Sp.PD, KGEH 2. dr. Heri Emria, Sp.PD, KGH	120
6	Webinar Ilmiah IHC Medical Forum "Improving Outcome of Dyslipidemia and Hypertension Management in Daily Practice" / IHC Medical Forum Scientific Webinar "Improving Outcome of Dyslipidemia and Hypertension Management in Daily Practice"	27/05/2021	1. dr. Kurniawan Iskandarsyah, Sp.JP, FIHA 2. dr. Hermawan, Sp.JP(K), FIHA	110
7	Webinar Perdarahan Spontan Pasien Covid-19: Tantangan Terapi Antikoagulan / Webinar on Spontaneous Bleeding of Covid-19 Patients: Challenges of Anticoagulant Therapy	21/07/2021	1. dr. Asrul Harsal, SpPD-KHOM 2. dr. Teuku Aswin Husain. Sp.An KAKV	83
8	Webinar 1. Tindakan Bedah Minimal Invasif pada Thorax / Minimally Invasive Thorax Surgery 2. Manfaat dan Kegunaan Pemeriksaan Bronchoskopi / Benefits and Uses of Bronchoscopy Examination	25/08/2021	1. dr. Agustian Sofian, Sp.BTKV 2. dr. Prasenohadi, Sp.P-KIC, Ph.D	162
9	Webinar Pengembangan Klinik Tematik / Thematic Clinic Development Webinar	18/09/2021	1. dr. Hery Emria, SpPD-KGH 2. dr. Randy Nusrianto, SpPD	102
10	Webinar "Radio-Pathophysiology COVID-19"	09/07/2021	dr. Wita Septiyanti, Sp.Rad	177
11	The Role of DOAC in SPAF and VTE Management	10/07/2021	1. dr. Asrul Harsal, Sp.PD, KHOM 2. dr. Kurniawan Iskandarsyah, Sp.JP, FIHA	193
12	Current Gastric Cancer Management	13/10/2021	1. DR. dr. Ikhwan Rinaldi, Sp.PD, KHOM, MEpid, MPdKed, FINASIM, FACP 2. dr. Asrul Harsal, Sp.PD, KHOM	96
13	Management of New Normal-Affected Disease : Hemorroid and Chronic Fatique Syndrome	28/10/2021	1. dr. Aurizan Daryan Karim, Sp.B 2. dr. Adji Suprajitno, Sp.PD	115
14	"Rehabilitasi Medik Penderita COVID-19" dan "Ada Apa Dengan COVID-19 (AADC) VS Long COVID-19" / "Medical Rehabilitation of Patients with COVID-19" and "What's Up With COVID-19 (AADC) VS Long COVID-19"	11/03/2021	1. dr. Nunung Nugroho, SpKFR, Mkes 2. dr. Irwin Priyatna Kusumah, SpPD, FINASIM	104
15	Webinar Akreditasi Program Nasional Geriatrik / Geriatrics National Program Accreditation Webinar	11/02/2021	dr. Mochammad Pasha, Sp.PD	134
16	IHC Medical Forum "Stroke Incident and Pain Management in Primary Setting, What Can We Do?"	11/11/2021	Narasumber : 1. dr. Kurniawan Iskandarsyah, Sp.JP(K), FIHA "Latest Update in Management to Reduce Stroke Incident" 2. dr. Vera Nevada, Sp.S "Management of Fibromyalgia in Daily Practice" Moderator : dr. Fika Tiara, Sp.S	182
17	IHC Medical Forum "Management Infection : Pneumonia CAP & Infeksi Saluran Cerna" / IHC Medical Forum "Infection Management : Pneumonia CAP & Digestive Tract Infection"	17/11/2021	1. dr. Wahyuningsih, Sp.P Community Acquire Pneumonia CAP (Pneumonia pada masyarakat / Pneumonia in the Society) 2. dr. Mochammad Pasha, Sp.PD Pendekatan Diagnosis dan Tata Laksana Infeksi Saluran Cerna Pada Dewasa / Diagnostic Approach and Procedure in Digestive Tract Infections on Adults	127

No	Judul / Title	Tanggal / Date	Narasumber / Speaker	Jumlah Peserta / Total Participants
18	IHC Medical Forum "Diabetes and Hypertension : a Double Challenge"	24/11/2021	1. dr. Djoko Maryono, Sp.PD, Sp.JP, FIHA, FACC 2. dr. Hery Emria, Sp.PD, KGH	159
19	Update on Endometriosis and AUB Management	12/08/2021	1. dr. Frizar Irmansyah, Sp.OG(K) 2. dr. Rizki Isnaeni, Sp.OG(K)	136
Jumlah Peserta / Total Participants				**2.551**

Webinar Nursing Day Pertamedika IHC

Pertamedika IHC Nursing Day Webinar

No	Judul / Title	Tanggal / Date	Narasumber / Speaker	Jumlah Peserta / Total Participants
1	"24 Jam Pertama Penanganan Luka Bakar Berat" dan "Manajemen Luka" / "First 24 Hours in Handling Severe Burns" and "Scar Management"	09/11/2021	1. dr.Ayu Diah Kesuma, Sp.BP-RE 2. Yuniati Zahara, S.Kep., Ners	888
2	"Poli Trauma (Orthopedic & Trauma Surgeon)" dan "Manajemen Penganganan Trauma" / "Trauma Department (Orthopedic & Trauma Surgeon)" and "Trauma Handling Management"	23/11/2021	1. dr. Ismail, Sp.OT 2. Ns. Hartono, S.Kep	419
Jumlah Peserta / Total Participants				**1.307**

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
1	Pelatihan Relational Database Management System Postgre SQL / Postgre SQL Relational Database Management System Training	1-8/01/2021	40	Pertamedika IHC	95
2	"Bagaimana Registrasi Sertifikasi On Line" / "How to Register for Certification Online"	04/01/2021	2	RSPT	2
3	Pelatihan Mandatori Tenaga Kesehatan RS. UKRIDA Batch 1 / Mandatory Training for Medical Personnel of UKRIDA Hospital Batch 1	06-07/01/2021	16	RSPJ	35
4	Pelatihan Tata Laksana Vaksin Covid-19 di Puskesmas dan Rumah Sakit / Covid-19 Vaccine Administration Training at Health Centers and Hospitals	07 & 09/01/2021	8	RSPT	1
5	Uji Kompetensi HR Staff / HR Staff Competency Test	08/01/2021	1	RSPT	2
6	Coronary Artery Bypass Graft Surgery As A Final Path To Solve Coronary Disease	09/01/2021	3	RSPT	1
7	Promosi Kesehatan di Tempat Kerja / Health Promotion at Work	09/01/2021	3	RSPT	1
8	Pelatihan Mandatori Tenaga Kesehatan RS. UKRIDA Batch 2 / Mandatory Training for Medical Personnel of UKRIDA Hospital Batch 2	10-11/01/2021	16	RSPJ	38
9	Pelatihan Mandatori Pekerja / Mandatory Training for Employees	11-12/01/2021	16	RSPJ	2
10	Pelatihan Vaksinator Covid-19 Batch 1 / Covid-19 Vaccinator Training Batch 1	11-13/01/2021	24	RSPJ	4
11	Webinar Ketenagakerjaan Sosialisasi Undang-Undang No.11 Tahun 2020 / Labor Webinar on the Dissemination of Law No. 11 of 2020	12/01/2021	8	RSPJ	1
12	Dasar Teknik Pendingin dan Tata Udara Unit AC Split / Basic Cooling and Air Conditioning Techniques for Split AC Units	13/01/2021	4	RSPB	1
13	Workshop Online Pengisian Data Kinerja (Evaluasi Sistem Remunerasi Berbasis Kinerja di Pertamedika IHC) / Online Workshop on Filling Performance Data (Evaluation of Performance-Based Remuneration System at Pertamedika IHC)	15/01/2021	3	RSPPbm	52
14	Certified Human Resources Professional	16-19/01/2021	15	RSPCI	1
15	Webinar BPJS Kesehatan "Per BPJS Kesehatan No.4 Tahun 2020" / Webinar on BPJS Health "BPJS Health Regulation No.4 of 2020"	18/01/2021	2	RSPT	1
16	Workshop online "Pengisian Data Kinerja" Remunerasi / Online Workshop "Filling in Performance Data" Remuneration	18/01/2021	2	RSPT	22
17	Penguatan Sumber Daya Manusia Yang Unggul dan Berbudaya K3 Pada Semua Sektor Usaha / Strengthening Excellent Human Resources and OHS Culture in All Business Sectors	18/01/2021	1.5	Pertamedika IHC	213
18	Pelatihan Vaksinator dengan ICV / Vaccinator Training with ICV	19 & 23/01/2021	6	Pertamedika IHC	395
19	Membuat Perjanjian Kerja PKWT & Outsourcing / Drawing Up of PKWT & Outsourcing Work Agreements	21/01/2021	4	RSPB	1
20	Penyusunan Anggaran SDM (HR Budget) / Preparation of HR Budget	25/01/2021	4	RSPB	1
21	Pelatihan Vaksinator Covid-19 Batch 2 / Covid-19 Vaccinator Training Batch 2	25-27/01/2021	24	RSPJ	3
22	Sosialisasi MPP 2021 / MPP 2021 Dissemination	26/01/2021	2	RSPPbm	113
23	Peningkatan Mutu dan Keselamatan Pasien / Improvements of Quality and Patient Service	26-27/01/2021	4	RSPB	2

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
24	Workshop Online Pengisian Data Kinerja / Online Workshop on Filling Performance Data	27/01/2021	3	RSPCI	23
25	Basic Profesional Skill	28/01/2021	3	RSPT	1
26	Pelatihan One System Pertamedika IHC / IHC Pertamedika One System Training	01/02/2021	3	RSPJ	30
27	Peran Edukator & Staffing Perawat Pada Masa Pandemi Covid-19 / The Role of Nurse Educators & Staffing During the Covid-19 Pandemic	01/02/2021	2	RSPPbm	10
28	Sosialisasi Aplikasi Patient Reminder / Dissemination of Patient Reminder Application	01/02/2021	2	RSPPbm	2
29	Zoom Meeting, Koordinasi Mapping RS Rujukan Covid-19 di PGE Area Lumut Balai / Zoom Meeting, Coordination of Mapping for Covid-19 Referral Hospital at PGE Lumut Balai Area	01/02/2021	1	RSPPbm	1
30	Sertifikasi Profesi Manajer Keuangan dan Akuntansi RS / Hospital Finance and Accounting Manager Professional Certification	02/02/2021	8	RSPB	1
31	Peran Penanganan Covid-19 & TKHI / The Role of Handling Covid-19 & TKHI (Medical Personnel for Hajj)	03/02/2021	2	RSPPbm	19
32	Stimulasi Tumbuh Kembang & disleksia / Stimulation of Growth & Dyslexia	02/02/2021	2	RSPPbm	4
33	Pendidikan dan Pelatihan Perawat Dialisis / Dialysis Nurse Education and Training	02/02 - 15/02/2021	98	RSPCI	1
34	Pelatihan Penyusunan, Penerapan dan Evaluasi Clinical Pathway di RS / Training on Preparation, Implementation and Evaluation of Clinical Pathway at Hospitals	15-16/02/2021	16	RSPB	2
35	Training Aplikasi One System / One System Application Training	04/02/2021	48	RSPCI	97
36	Asuhan Keperawatan Pasien Covid-19 Dengan Terapi Oksigen / Nursing Care of Covid-19 Patients With Oxygen Therapy	04/02/2021	2	RSPPbm	26
37	Zoom Meeting, Sharing Session dan Mapping Layanan Home Care Pertamedika IHC / Zoom Meeting, Sharing Session and Mapping Pertamedika IHC Home Care Services	04/02/2021	1	RSPPbm	1
38	Understanding Human Learning	04/02/2021	4	RSPT	1
39	Upaya Menjaga Daya Tahan Mental Dan Fisik Untuk Imunitas Tubuh / Efforts in Maintaining Mental and Physical Endurance for Body Immunity	05/02/2021	1.5	RSPD	2
40	Deteksi Dini dan Pencegahan Ca Cervix / Cervix Ca Early Detection and Prevention	05/02/2021	2	RSPPbm	1
41	Olahraga & Kondisi Psikologis Vaksinasi / Sports & Psychological Conditions for Vaccination	05/02/2021	2	RSPPbm	14
42	Gizi Optimal Untuk Tumbuh Kembang Anak / Optimal Nutrition for Child Development	05/02/2021	2	RSPPbm	1
43	Kanker Serviks: Bagaimana Mengenali dan Pencegahannya / Cervical Cancer: How to Recognize and Prevent It	05/02/2021	2	RSPPbm	4
44	Seni dan Pemasaran: Adaptif / Arts and Marketing: Adaptive	05/02/2021	2	RSPPbm	2
45	M Team Sosialisasi Pengisian OM SAP SO baru dan Cost Center / M Team Dissemination of New SAP SO OM Filling and Cost Center	05/02/2021	2	RSPT	1
46	Implementasi UU Kebidanan No. 4 Th 2019 Dalam Praktek Mandiri Bidan / Implementation of the Midwifery Law No. 4 of 2019 on Independent Midwife Practice	06/02/2021	2	RSPPbm	1
47	Gaya Kepribadian Customer Tehnik & Strategi Komunikasi Tenaga Teknis Kefarmasian / Personality Style of Customer Techniques & Communication Strategy of Pharmaceutical Technical Personnel	06/02/2021	4	RSPPbm	1
48	Webinar Modernisasi Pengadaan Barang/Jasa / Webinar on the Modernization of Procurement of Goods/Services	06/02/2021	4	RSPPbm	1
49	Etik dan Etika Keperawatan di Rumah Sakit / Nursing Ethics in Hospitals	07/02/2021	2	RSPPbm	1
50	KPI Alignment - HR Metric & Staff Health	07/02/2021	1	Pertamedika IHC	30
51	Bss Huet & Sea Survival Training	08/02/2021	8	RSPB	1
52	Strategi Koping Perawat di Masa Adaptasi Kebiasaan Baru / Coping Strategy of Nurses in Adapting to the New Normal	08/02/2021	2	RSPPbm	25
53	Pertemuan Simulasi penggunaan Aplikasi P-Care Vaksinasi Covid-19 Tahap 2 / Meeting for the Simulation of P-Care Application for Covid-19 Vaccination Stage 2	08/02/2021	2	RSPR	3
54	Pelatihan Mandatori dan Pelatihan Swab PCR / Mandatory Training and PCR Swab Training	09/02/2021	8	RSPJ	4
55	Hemodialisa di Masa Pandemi Covid-19 / Hemodialysis in the Covid-19 Pandemic	10/02/2021	2	RSPPbm	25
56	Peran Perawat dan Tantangan Pasien ERSD yang Menjalani Kemoterapi / The Role of Nurses and Challenges of ERSD Patients Undergoing Chemotherapy	10/02/2021	2	RSPPbm	1
57	Understanding Human Learning & the Art of Managing 4.0	10/02/2021	2	RSPPbm	2
58	Askep Covid-19, Asimptomatis & Merawat Silaturahmi Saat Pandemi Covid-19 / Covid-19 Nursing Care, Asymptomatic & Maintaining Relations During the Covid-19 Pandemic	11/02/2021	2	RSPPbm	24

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
59	Daily Zoominar Satgas Covid-19 DPP PPNI / Daily Zoominar for DPP PPNI Covid-19 Task Force	11/02/2021	3	RSPPbm	1
60	Bulan K3 dan Edukasi Publik SMK3 / OHS Month and Public Education on OHSMS	11/02/2021	5	RSPR	1
61	Kelas Online Workshop Virtual Visit Tracer: The New Normal Metode Pemantauan Mutu RS / Online Class Workshop on Virtual Visit Tracer: Hospital Quality Monitoring Method in the New Normal	11/02/2021	8	RSPJ	4
62	Review Request Organization Management	12/02/2021	2	RSPPbm	1
63	Seminar Nasional Peduli Limbah / National Seminar on Waste Care	15/02/2021	5	RSPPlj	2
64	Penguatan SDM Yang Unggul Dan Berbudaya K3 Pada Semua Sektor Usaha / Strengthening Excellent Human Resources and OHS Culture in All Business Sectors	15/02/2021	3	RSPR	3
65	Certified Human Resources Professional	16/02/2021	5	RSPCI	1
66	Kanker: Vaksinasi & Monitoring Kemo / Cancers: Vaccination & Chemotherapy Monitoring	16/02/2021	2	RSPPbm	18
67	Asuhan Keperawatan Lansia di Masa Pandemi Covid-19 / Nursing Care for the Elderly during the Covid-19 Pandemic	17/02/2021	2	RSPPbm	5
68	Sosialisasi dan Pencegahan Kanker Serviks / Dissemination and Prevention of Cervical Cancer	17/02/2021	2	RSPPbm	9
69	Diskusi Santai, Enak, Hangat Seputar HR : Mengelola Bagian Umum di Perusahaan / Casual Discussion on HR: Managing General Affairs in the Company	17/02/2021	1	RSPPbm	1
70	Pelatihan Manajemen My Brevet on Line "COSO 2013 Series One" / My Brevet on Line Management Training "COSO 2013 Series One"	17/02/2021	3	RSPT	1
71	Vaksinasi & Komunikasi Perubahan Perilaku Bagi Tenaga Kesehatan / Vaccination & Behavior Change Communication for Healthcare Workers	18/02/2021	2	RSPPbm	16
72	Zoominar Dr Cordova,Spog Dengan PT Tel / Zoominar of Dr Cordova, Spog with PT Tel	18/02/2021	2	RSPPbm	1
73	Zoom Meeting Ca Serviks RSPPbm / Zoom Meeting Ca Cervical with RSPPbm	18/02/2021	3	RSPPbm	1
74	Sosialisasi dan Pencegahan Kanker Serviks / Dissemination and Prevention of Cervical Cancer	18/02/2021	3	RSPPbm	6
75	Pentingnya Stimulasi Audiotorix dan Nutrisi Dha Saat Kehamilan / Importance of Audiotorix Stimulation and Dha Nutrition During Pregnancy	19/02/2021	2	RSPPbm	1
76	Zoominar Dr Cordova,Spog Dengan PT. Pama / Zoominar of Dr Cordova, Spog with PT Pama	19/02/2021	2	RSPPbm	1
77	Kanker Serviks / Cervical Cancer	19/02/2021	2	RSPPbm	1
78	Zoom Meeting, Sosialisasi Bagaimana Mengenali dan Pencegahan Kanker Serviks / Zoom Meeting, Dissemination of How to Recognize and Prevent Cervical Cancer	19/02/2021	2	RSPPbm	1
79	Workshop Online Pengisian Data Kinerja / Online Workshop on Filling Performance Data	19 & 23/02/2021	2.5	RSPCI	23
80	Vaksinasi & Komunikasi Perubahan Prilaku Bagi Tenaga Kesehatan / Vaccination & Behavior Change Communication for Healthcare Workers	20/02/2021	2	RSPPbm	2
81	Rekomendasi Vaksin Covid-19 Untuk Komunitas Maternal / Covid-19 Vaccine Recommendation for Maternal Community	20/02/2021	2	RSPPbm	1
82	Webinar Nasional Strategi Sukses Ujian Kompetensi TGM Yang BeRSinergi Dengan Permenpan Rb No.37 Th 2019 / National Webinar Strategy for Success in the Synergized Mouth and Teeth Physician Competency Exam with the Permenpan Rb No. 37 of 2019	20/02/2021	5	RSPPbm	1
83	Seminar Perawat Nusantara / National Nurse Seminar	21/02/2021	28	RSPR	3
84	Be Excellent With Excel 2	21/02/2021	3	RSPT	1
85	Lost To Follow Up TB Resisten Obat & Kejadian Patient Safety / Lost To Follow Up Drug Resistant TB & Patient Safety Incidents	22/02/2021	2	RSPPbm	19
86	Penangan dan Pencegahan Ca Serviks / Cervical Ca Treatment and Prevention	22/02/2021	3	RSPPbm	2
87	Pelatihan Pelaporan Aplikasi All Record Antigen / All Record Antigen Application Reporting Training	22/02/2021	2	RSPPbm	1
88	Zoom Meeting ,Sosialisasi Bagaimana Mengenali dan Pencegahan Kanker Serviks / Zoom Meeting, Dissemination on How to Recognize and Prevent Cervical Cancer	22/02/2021	1.5	RSPPbm	1
89	Sosialisasi Integrasi SIMRS dan RS Online - Sumatera Selatan / Dissemination of SIMRS and Online Hospital Integration - South Sumatra	22/02/2021	2	RSPPbm	2
90	Sosialisasi dan Pencegahan Kanker Serviks BeRSama PT. MHP / Cervical Cancer Socialization and Prevention with PT. MHP	22/02/2021	2	RSPPbm	1
91	Manajemen Pelayanan Keperawatan Penangan Covid-19 di RS Bhayangkara Seindonesia / Management of Nursing Services for Handling Covid-19 at Bhayangkara Hospitals in Indonesia	23/02/2021	2	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
92	Training of Trainer for One System Solution	23/02/2021	36	RSPR	15
93	Kelas Online Hospital Safety Index, Kesiapan Rumah Sakit Menghadapi disaster dan Lonjakan Pasien di Era Pandemi Covid-19 / Online Hospital Safety Index Class, Hospital Readiness in Facing Disaster and Patient Surges in the Covid-19 Pandemic	23/02/2021	16	RSPJ	1
94	Diskusi Santai, Enak, Hangat Seputar HR : Insentif dan Bonus / Casual Discussion onHR: Incentives and Bonuses	24/02/2021	1	RSPPbm	1
95	M Team PPOSE Display Organization & Staffing	24/02/2021	1	RSPT	1
96	Sosialisasi dalam upaya Implementasi di RS terkait PP RI No. 47 Thn 2021 tentang Penyelenggaraan Bidang Perumahsakitan / Dissemination of the implementation efforts in hospitals related to PP RI No. 47 of 2021 concerning the Implementation of the Hospital Sector	25/02/2021	2.5	RSPD	2
97	Pemberdayaan Keluarga Dalam Merawat ODGJ (Orang Dengan Ganguan Jiwa) di Masa Pandemi Covid-19 / Empowering Families in Caring for ODGJ (People With Mental Disorders) During the Covid-19 Pandemic	25/02/2021	2	RSPPbm	2
98	Pengoperasian Ventilator & CPAP / Ventilator & CPAP Operation	25/02/2021	2	RSPPbm	4
99	ODGJ & Pelayanan Keperawatan Kesehatan Jiwa / ODGJ & Mental Health Nursing Services	25/02/2021	2	RSPPbm	10
100	Peraturan Pemerintah Republik Indonesia Nomor 47 Tahun 2021 Tentang Penyelenggaraan Bidang Perumahsakitan / Government Regulation of the Republic of Indonesia No. 47 of 2021 concerning the Implementation of the Hospital Sector	25/02/2021	2	RSPPbm	1
101	Millenial Melek Saham / Millennial Stock Literacy	25/02/2021	2	RSPPbm	1
102	Sosialisasi Pemaparan Aplikasi Managed Care Berbasis Web / Presentation on the Dissemination of of Web-Based Managed Care Application	25/02/2021	2	RSPPbm	2
103	Sosialisasi Virtual PP No. 47 Tahun 2021 / Virtual Dissemination of PP No. 47 of 2021	25/02/2021	2.5	RSPPbm	2
104	Sosialisasi pemakaian alat HFNC (High Flow Nasal Canul) / Dissemination of the use of the HFNC (High Flow Nasal Cannula) device	26/02/2021	2	RSPD	14
105	Pelatihan Ventilator dan Pemasangan CPAP / Ventilator Training and CPAP Installation	26/02/2021	2	RSPPbm	2
106	Hand Hygiene	26/02/2021	2	RSPPbm	2
107	Update Imunisasi 2020, diabetes Pada Kehamilan / 2020 Immunization Update, Diabetes In Pregnancy	26/02/2021	2	RSPPbm	1
108	Pelayanan dan Bantuan Hukum Perdata dan Tata Usaha Negara / Civil Law and State Administration Services and Assistance	26/02/2021	2	RSPPbm	2
109	Remaja Sehat Bebas Anemia / Healthy Teens Free of Anemia	26/02/2021	4	RSPPbm	1
110	Interaksi Obat / Drug Interaction	27/02/2021	2	RSPPbm	15
111	Siasat Hidup Sehat di Era Pandemi Covid-19 / Healthy Living Strategies in the Covid-19 Pandemic	27/02/2021	2	RSPPbm	2
112	Ancaman Baby Boom Pasca Pandemi / The Baby Boom Threat After the Pandemic	27/02/2021	2	RSPPbm	7
113	Pemenuhan Kebutihan Nutrisi Pada ABK Untuk Tumbuh Kembang Yang Optimal / Fulfillment of Nutritional Needs for Children with Special Needs for Optimal Growth	27/02/2021	2	RSPPbm	3
114	Siasat Hidup Sehat di Era Pandemi Covid-19 / Healthy Living Strategies in the Era of the Covid-19 Pandemic	27/02/2021	2	RSPPbm	1
115	"Towards The Preferred Hospital Pharmacy Practice"	27/02/2021	2	RSPPbm	1
116	Role Of Iron To Support Growth & Development In Children With Cmpa	27/02/2021	4	RSPPbm	1
117	Respiratory Regular Update	27/02/2021	2	RSPPbm	1
118	Webinar IR PKWT, PHK dan Program JKP UU Cipta Karya No. 35 & 37 / Webinar IR PKWT, PHK and JKP Program Copyright Law No. 35 & 37	27/02/2021	4	RSPT	1
119	Nasopaharingeal Malignancy : Early Detection Influences In Prognosis	28/02/2021	3	RSPPbm	1
120	Webinar Radiografer Indonesia "How Computed Radiograpry Works" / Indonesian Radiographer Webinar "How Computed Radiography Works"	28/02/2021	3	RSPT	1
121	Percepatan Penanganan Covid-19 dan Pengendalian Tekanan Darah dimasa Pandemi / Acceleration of Handling Covid-19 and Controlling Blood Pressure during Pandemic	01/03/2021	3	RSPPbm	7
122	Understanding New Legal Requirements	02/03/2021	5	RSPB	1
123	Memberi Makna Kepada Cita : Permerekan Dari PeRSpektif Ilmu Seni dan Manajemen / Giving Values to Your Dreams: Branding From the Perspective of Arts and Management	02/03/2021	3	RSPPbm	1
124	Kelas Pajak : Sosialisasi PMK 6/PMK.03/2021 / Tax Class : Dissemination of PMK 6/ PMK.03/2021	02/03/2021	4	RSPPbm	1
125	1000 Hari Pertama Kelahiran Untuk Mencegah Stunting / First 1000 Days of Birth To Prevent Stunting	02/03/2021	4	RSPPbm	8

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
126	Sosialisasi Kanker Seviks PT Pertamina Geothermal Energy / Dissemination of Cervical Cancer to PT Pertamina Geothermal Energy	02/03/2021	2	RSPPbm	
127	Sosialisasi Peraturan Pemerintah Nomor 36 Tahun 2021 Tentang Pengupahan / Dissemination of Government Regulation No. 36 of 2021 concerning Wages	02/03/2021	3	RSPT	1
128	Penyegaran PPR Medik Tingkat 2 / Refreshment of Medical Radiation Protection Staff Level 2	02-04/03/2021	24	RSPB	1
129	Lokakarya Pra Munas VIII dan Kesiapan Tenaga Kesehatan Dalam Mendukung Program Vaksinasi Covid-19 / Pre-Munas VIII Workshop and Readiness of Healthcare Workers in Supporting the Covid-19 Vaccination Program	03/03/2021	10	RSPPbm	1
130	Memberi Makna Kepada Cita : Permerekan Dari PeRSpektif Ilmu Seni dan Manajemen / Giving Value to Your Dreams: Branding From the Perspective of Arts and Management	03/03/2021	3	RSPPbm	4
131	Sosialisasi Peraturan Pemerintah Republik Indonesia Nomor 37 Tahun 2021 Penyelenggaraan Program Jaminan Kehilangan Pekerjaan" / Dissemination of Government Regulation of the Republic of Indonesia No. 37 of 2021 Implementation of the Job Loss Insurance Program"	03/03/2021	3	RSPT	1
132	Menurunkan angka kematian ibu dan angka kematian bayi serta meningkatkan kualiatas pelayanan rujukan KIA di RSUD kota Dumai / Reducing maternal and infant mortality rates and increasing the quality of MCH referral services at the Dumai City Hospital	04/03/2021	4	RSPD	1
133	NuRSing Zoominar "Terapi Oksigen High Flow Nasal Cannula (HFNC) & Advokasi Ovon / NuRSing Zoominar "High Flow Nasal Cannula (HFNC) Oxygen Therapy & Ovon Advocacy	04/03/2021	2	RSPD	7
134	DataOn HR Meeting KALBE – Covid-19 Best PrACtice Sharing Mempertahankan Kinerja Karyawan di Tengah Covid-19 / Data On HR Meeting KALBE – Covid-19 Best PrACtice Sharing Maintaining Employee Performance Amid Covid-19	04/03/2021	3	RSPPbm	1
135	Lima Kesalahan Leader Yang Merusak Produktivitas / Five Mistakes of A Leader That Could Damage Productivity	04/03/2021	2	RSPPbm	2
136	Manajemen Payroll dan Dokumen SPT Karyawan Perusahaan Mid-Sized Enterprise / Mid-Sized Enterprise Employee Payroll and SPT Document Management	04/03/2021	2	RSPPbm	1
137	Terapi Oksigen HFNC dan Adfokasi Ovon / HFNC Oxygen Therapy and Ovon Advocacy	04/03/2021	3	RSPPbm	1
138	Alur Pelayanan Vaksinasi dan Aplikasi P Care / Vaccination Service Flow and P Care Application	04/03/2021	2	RSPPbm	9
139	Ibu Hamil Bugar, Persalinan Lancar / Healthy Mothers, Smooth Delivery	04/03/2021	4	RSPPbm	3
140	Sosialisasi Alur Layanan dan Aplikasi P Care / Socialization of Service Flow and P Care Application	04/03/2021	1	RSPPbm	2
141	Sosialisasi Peraturan Pemerintah (PP) Nomor 22 Tahun 2021 tentang Penyelenggaraan Perlindungan dan Pengelolaan Lingkungan Hidup / Dissemination of Government Regulation (PP) No. 22 of 2021 concerning the Implementation of Environmental Protection and Management	04/03/2021	8	RSPPbm	1
142	Implementasi Pelayanan Laundry Dalam Mendukung Pencegahan dan Pengendalian Infeksi di RS dimasa Pandemi Covid – 19 / Implementation of Laundry Services in Supporting Infection Prevention and Control in Hospitals during the Covid-19 Pandemic	04-06/03/2021	24	RSPB	1
143	Peran Data Dalam Menguatkan Dampak Positif Untuk Kepentingan Sosial / The Role of Data in Strengthening Positive Impacts for Social Interest	05/03/2021	2	RSPPbm	1
144	Course & Workshop on Applied Good Clinical Practice (GCP)	06/03/2021	16	RSPJ	3
145	Pelatihan ACLS / ACLS training	06/03/2021	40	RSPPbm	2
146	Recent Advances In Coronavirus Infection : New ApproAChes to Therapy / Recent Advances In Coronavirus Infection : New ApproAChes to Therapy	06/03/2021	3	RSPPbm	1
147	Lifting Up To Your Potential Self Development And Self LeadeRShip Series 1	06/03/2021	3	RSPPbm	1
148	Cintai diri Sendiri, Bebaskan diri Dari Kanker / Love Yourself, Free Yourself from Cancer	06/03/2021	3	RSPPbm	7
149	Pemilihan Kontrasepsi Yang Tepat di Era New Normal / Choosing the Right Contraception in the New Normal Era	06/03/2021	4	RSPPbm	5
150	Webinar Hari Kanker Sedunia 2021 / 2021 World Cancer Day Webinar	06/03/2021	4	RSPPbm	2
151	Satnight Talk : Serba Serbi Training & Development / Satnight Talk : All About Training & Development	06/03/2021	1	RSPPbm	1
152	Seminar Keperawatan Gangguan Sistem Hematologi, Onkologi Pada Pasien Terkonfirmasi Covid-19 / Seminar on Nursing for Hematological System and Oncology Disorders in Covid-19 Confirmed Patients	06/03/2021	3	RSPPbm	3
153	The Pulmo Update Webinar Recent Advances in Coronavirus Infection : New Approaches to Therapy	06/03/2021	3	RSPPbm	1
154	Tatalaksana Pasien Stroke Dengan Sispagia di Rumah Sakit / Management of Stroke Patients with Sispagia in the Hospital	06/03/2021	2	RSPPbm	2
155	Pelatihan Seni Berbicara di Depan Umum / Training on the Arts of Public Speaking	06/03/2021	3	RSPT	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
156	Penanganan Infertilitas Komprehensif di Era Pandemi / Comprehensive Infertility Treatment in the Pandemic	07/03/2021	3	RSPPbm	1
157	Talent Management	08/03/2021	3	RSPB	1
158	Perlindungan Perawat di Masa Pandemi Covid-19 / Nurse Protection during the Covid-19 Pandemic	08/03/2021	2	RSPPbm	7
159	Business Leader Upskilling : Pembekalan Fungsi Bidang / Business Leader Upskilling: Debriefing of Field Functions	08/03/2021	6	Pertamedika IHC Group	30
160	Manajemen Obat di Masa Pandemi / Drug Management during Pandemic	09-10/03/2021	16	RSPB	4
161	Service Excellent : Melayani Sepenuh Hati di Tengah Pandemi / Excellent Service: Providing Wholehearted Service in the Pandemic	09/03/2021	2	RSPPbm	6
162	Webinar Implementasi K3 Rumah Sakit di Masa Pandemi Covid-19 / Webinar on Hospital OHS Implementation during the Covid-19 Pandemic	09/03/2021	3	RSPPbm	2
163	Strategi Cerdas Layanan Keperawatan di Masa Pandemi / Smart Strategy for Nursing Services during Pandemic	09/03/2021	2	RSPPbm	1
164	Kelas Online Managemen Obat di masa Pandemi Covid-19 / Drug Management Online Class during the Covid-19 Pandemic	10/03/2021	10	RSPPbm	1
165	Inhouse Training Hand Hygiene	10/03/2021	2	RSPPbm	8
166	Handling Cytotoxin	10/03/2021	2	RSPPbm	1
167	Workshop Go Public ; Bagaimana Proses IPO & Menjadi Perusahaan Go Public di Pasar Modal / Go Public Workshops; IPO Process & Becoming a Go Public Company in the Capital Market	10/03/2021	3	RSPPbm	1
168	Strategi Cerdas Layanan Keperawatan di Masa Pandemi Covid-19 / Smart Strategy for Nursing Services during the Covid-19 Pandemic	10/03/2021	2	RSPPbm	10
169	Mitigasi Kelangkaan Obat dan Alkes (Drug Shortages) dimasa Pandemi Covid-19 / Mitigation of Scarcity of Medicines and Medical Devices (Drug Shortages) during the Covid-19 Pandemic	10/03/2021	2	RSPPbm	
170	Kredensialing Apoteker dan Tenaga Teknis Kefarmasian / Credentialing of Pharmacists and Pharmaceutical Technical Personnel	10/03/2021	2	RSPPbm	2
171	Rekonsiliasi Obat di Masa Pandemi Covid -19 / Drug Reconciliation During the Covid-19 Pandemic	10/03/2021	2	RSPPbm	2
172	Pelatihan Pengelolaan Sanitasi di Lingkungan Rumah Sakit / Sanitation Management Training in Hospitals	10/03/2021	8	RSPPbm	4
173	Sosialisasi Peraturan Pemerintah Republik Indonesia Nomor 35 Tahun 2021 Tentang Perjanjian Kerja Waktu tertentu, Alih Daya, Waktu Kerja dan Waktu Istirahat, dan Pemutusan Hubungan Kerja / Dissemination of Government Regulation of the Republic of Indonesia No. 35 of 2021 concerning Work Agreements for Certain Time, Outsourcing, Working Time and Rest Time, and Termination of Employment	10/03/2021	3	RSPT	1
174	Pelatihan Vaksinator Covid-19 / Covid-19 Vaccinator Training	10, 12, 24/03/2021	24	RSPJ	8
175	Perawat Tangguh, Perkuat Kompetensi Penanganan Kegawatan Kardiovaskuler / Tough Nurses, Strengthen Cardiovascular Emergency Management Competencies	12/03/2021	3	RSPPbm	3
176	Pelatihan Basic General Affair Management / Basic General Affair Management Training	12/03/2021	3	RSPT	1
177	Virtual Meeting Medan Chest And Clinical Immunology 2021 / Virtual Meeting Medan Chest And Clinical Immunology 2021	13/03/2021	9	RSPPbm	2
178	World Kidney Day 2021	13/03/2021	3	RSPPbm	1
179	Multidiscipline Oncology Meeting (Head and Neck, Orthopedic, and Neuro Oncology)	13/03/2021	3	RSPPbm	2
180	The Synergistic Effect of Vaccination and Antioxidants To Maintain Immunity	13/03/2021	2	RSPPbm	1
181	Satnight Talk : Membedah Design Thinking / Satnight Talk : Dissecting Design Thinking	13/03/2021	1	RSPPbm	1
182	Pengelolaan Keuangan di Masa Pandemi / Financial Management in the Pandemic	13/03/2021	2	RSPPbm	1
183	International Seminar Developing Knowledge, Skills and Technologies in Nursing	13/03/2021	4	RSPPbm	2
184	Era JKN: Optimalisasi dan Tinjau Hukum dalam Pelayanan Maternal / JKN Era: Optimization and Legal Review in Maternal Services	13/03/2021	3	RSPPbm	2
185	Strategic Concept For Evolving Marketing Through digiktal Platform	13/03/2021	3	RSPPbm	1
186	Pelayanan Kebidanan Komplementer Ibu dan Anak di Masa Pandemi Covid-19 / Complementary Midwifery Services For Mothers And Children during the Covid-19 Pandemic	13/03/2021	4	RSPPbm	1
187	Update Manajemen Terapi Hemodialisis Pasien Gagal Ginjal Kronik di Masa Pandemi Covid-19 / Update on the Management of Hemodialysis Therapy for Chronic Kidney Failure Patients in the Covid-19 Pandemic	13/03/2021	3	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
188	One Year Living With Covid-19 What's Next?	14/03/2021	3	RSPD	3
189	1st Indonesia diabetes and Rhamadan Virtual Conference	14/03/2021	3	RSPPbm	1
190	Manajemen Pelayanan dan Asuhan Keperawatan Pada Pasien Covid-19 di Tatanan Rumah Sakit / Management of Nursing Services and Care for Covid-19 Patients in Hospital Arrangements	14/03/2021	3	RSPPbm	3
191	Pelatihan IPCN (Sertifikat Keahlian & Keahlian) / IPCN Training (Certificate of Expertise & Expertise)	14-20/03/2021	56	RSPT	1
192	Pelatihan Sertifikasi Hiperkes Bagi Perawat / Hiperkes Certification Training for Nurses	15-19/03/2021	24	Pertamedika IHC Group	40
193	Ketangguhan Perawat Gawat Darurat dimasa pandemi Covid-19 / The Resilience of Emergency Nurses during the Covid-19 pandemic	15/03/2021	2	RSPD	8
194	Basic Science of Coronary Vascular Disease	15/03/2021	2	RSPPbm	1
195	Menjaga Lansia Sehat di Masa Pademi / Keeping the Elderly Healthy during the Pandemic	15/03/2021	3	RSPPbm	1
196	Sosialisasi PKS Layanan Kesehatan Fulerton Dan Nayaka / Dissemination of PKS for Health Services of Fulerton and Nayaka	16/03/2021	3	RSPPbm	1
197	Strategi Pencegahan dan Penyelesaian Masalah Hukum dan Etik Perawat di Masa Pandemi Covid-19 / Strategies for the Prevention and Resolution of Legal and Ethical Problems for Nurses during the Covid-19 Pandemic	16/03/2021	3	RSPPbm	1
198	Pencegahan Penyakit Ginjal dan Deteksi Dini Gangguan Ginjal Akut / Prevention of Kidney Disease and Early Detection of Acute Kidney Disorders	16/03/2021	4	RSPPbm	1
199	Learning Practice dan Penyusunan Strategi Pemggunaan metode Preceptorship Dalam Meningkatkan Profesionalisme Tenaga Keperawatan RS Sesuai Standar dan Regulasi Terkini / Learning Practice and Formulation of Strategies for Using the Preceptorship Method in Improving the Professionalism of Hospital Nursing Staff in accordance with the Latest Standards and Regulations	16-17/03/2021	16	RSPB	2
200	Diskusi dan Kajian Ilmiah Online Pengadaan Sebagai Primadona Korupsi / Online Scientific Discussion and Study of Procurement as the Potential Threat of Corruption	17/03/2021	3	RSPPbm	1
201	Webinar Talenta x Ayoconnect : Maintaining Organization Productivity As A Global Remote Startup	17/03/2021	2	RSPPbm	1
202	Fighting Corruption Risk During the Covid-19 Pandemic	17/03/2021	2	RSPPbm	1
203	DISENGATHR : Diskusi Aturan Perjalanan Dinas / DISENGATHR : Discussion on Official Travel Rules	17/03/2021	1	RSPPbm	1
204	In House Training Pertolongan Persalinan Tanpa Nyeri Dengan ILA (Intratechal Labor Analgesia) / In House Training Painless Labor Assistance With ILA (Intratechal Labor Analgesia)	18/03/2021	8	RSPC	19
205	World Kidney Day	18/03/2021	2	RSPPbm	1
206	Komunikasi Efektif Bidan Dan Pasien / Effective Communication of Midwives and Patients	18/03/2021	2	RSPPbm	6
207	Perioperative Care,Operating Room & Covid-19 Pandemic	18/03/2021	2	RSPPbm	6
208	Etika dan Hukum Kesehatan / Healthcare Ethics and Law	18/03/2021	4	RSPPbm	1
209	Healthy Talk Tubercolosis	18/03/2021	2	RSPPbm	1
210	Planning for Leaders in Pandemic Era	18/03/2021	3	RSPT	1
211	Manajemen Rekam Medis / Medical Records Management	18/03/2021	7	RSPTr	1
212	Tuberculosis	18-19/03/2021	16	RSPB	8
213	Menjaga Lansia Sehat Di Masa Pandemi / Keeping the Elderly Healthy During Pandemic	19/03/2021	3	RSPPbm	2
214	Presentasi RKAP 2021 RSPPbm / Presentation of RKAP 2021 RSPPbm	19/03/2021	2	RSPPbm	1
215	Tips Managing Difficult Senior Employees	19/03/2021	1	RSPPbm	1
216	Paparan RKAP 2021 Per Unit Layanan / 2021 RKAP Exposure Per Service Unit	19/03/2021	3	RSPPbm	1
217	Pelatihan Pengelolaan SDM Manajemen K3 / OHS HR Management Training	19/03/2021	3	RSPT	1
218	Pelatihan Dasar Invection Prevention and Control Nurse / Basic Training on Infection Prevention and Control Nurse	20/03/2021	48	RSPC	1
219	Pelatihan Bagi Kader Pendamping Korban Kekerasan Perempuan dan Anak Tahun 2021 / Training for Supporting Cadres of Victims of Violence against Women and Children in 2021	20/03/2021	22 jam	RSPCI	1
220	Penguatan Sistem Organisasi dengan Refreshing dan Update SIMK PPNI, PKB Online & STR Online / Strengthening Organizational Systems by Refreshing and Updating SIMK PPNI, PKB Online & STR Online	20/03/2021	3	RSPD	4
221	Multidisipline Kidney Meeting	20/03/2021	4	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
222	Update Manajemen Pencegahan Komplikasi Persalinan / Update on the Management of Prevention of Childbirth Complications	20/03/2021	3	RSPPbm	3
223	Pelayanan Rujukan Maternal di Era Pandemi / Maternal Referral Services in the Pandemic	20/03/2021	3	RSPPbm	2
224	Praktik Keperawatan Dalam Perspekif Hukum / Nursing Practice in Legal Perspective	20/03/2021	3	RSPPbm	3
225	Manajemen dan Pencegahan Komplikasi Persalinan / Management and Prevention of Childbirth Complications	20/03/2021	3	RSPPbm	10
226	Web Seminar Bidang Hukum dan Pemberdayaan Politik DPW PPNI Provinsi Bali / Web Seminar on Law and Political Empowerment DPW PPNI Bali	20/03/2021	3	RSPPbm	1
227	Pelaksanaan Asuhan Keperawatan Mata Di Era Pandemi Covid-19 / Implementation of Eye Nursing Care in the Covid-19 Pandemic	20/03/2021	3	RSPPbm	3
228	Emotional Hygiene Toward Happiness Inside Me	20/03/2021	3	RSPPbm	2
229	Pelatihan Digital Marketing Practical / Practical Digital Marketing Training	20, 21, 27/03/2021	9	Pertamedika IHC Group	233
230	Seminar K3 Maintenance AC & Listrik / Seminar on OHS Maintenance of AC & Electricity	21/03/2021	8	RSPB	1
231	Lower Back Pain	21/03/2021	3	RSPPbm	1
232	Nutrisi Pada Bayi BBLR Dan Pengelolaan Dialisis Pasien Gagal Ginjal Kronis / Nutrition in LBW Infants and Dialysis Management of Chronic Kidney Failure Patients	21/03/2021	4	RSPPbm	1
233	Perawatan Kecantikan Kulit Wajah Pada Wanita / Facial Skin Beauty Treatments for Women	21/03/2021	4	RSPPbm	1
234	Multidicipline Kidney Meeting for Word Kidney Day 2021	21/03/2021	3	RSPPbm	1
235	Be Excellent With Excel Flashback 1"	21/03/2021	3	RSPT	1
236	Sosialisasi Finalisasi Dashboard IT Pelayanan Vaksin Covid-19 PBM IHC / Socialization of the Finalization of the COVID-19 Vaccine Service IT Dashboard of PBM IHC	22/03/2021	2	RSPPbm	1
237	Perawat Anestesi: P Nurse Anesthetist: Pab Snars & Credentialing ab Snars & Kredensialing	22/03/2021	2	RSPPbm	9
238	Lost To Follow Up TB Resisten Obat & Kejadian Patient Safety / Lost To Follow Up Drug Resistant TB & Patient Safety Incidents	22/03/2021	4	RSPPbm	1
239	Audit Investigation : Basic Level	22/03/2021	3	RSPT	1
240	Pelatihan SITB / SITB Training	23/03/2021	2	RSPD	1
241	Implementasi UUCK No 11 Tahun 2020 Dalam Hubungan Kerja PKWT / Implementation of UUCK No. 11 of 2020 on PKWT Working Relations	23/03/2021	4	RSPPbm	2
242	Sukseskan Vaksin Covid-19 / Efforts in Realizing the Covid-19 Vaccine	23/03/2021	3	RSPPbm	4
243	In House Training ACLS	24-30/03/2021	2	RSPPbm	142
244	Melampaui Batas Identitas : Pencitraan Dalam Perspektif Manajemen Dan Seni / Transcending Identity Boundaries : Imagery From a Management And Art Perspective	24/03/2021	3	RSPPbm	1
245	TB Paru / Pulmonary TB	24/03/2021	2	RSPPbm	8
246	Webinar "Penanganan Kejang Demam dan Icterus pada Neonaterum" / Webinar "Treatment of Fever Seizures and Jaundice in Neonates"	24/03/2021	3	RSPPbm	7
247	Sosialisasi Resertifikasi Perawat Dialisis / Dissemination on Dialysis Nurse Recertification	24/03/2021	4	RSPPbm	2
248	DISENGATHR : Mengelola Stres Karyawan Menggunakan Psikodrama / DISENGATHR : Managing Employee Stress Using Psychodrama	24/03/2021	1	RSPPbm	1
249	Melampaui Batas Identitas : Pencitraan Dalam Perspektif Manajemen dan Seni / Transcending Identity Boundaries : Imagery in Management and Art Perspective	24/03/2021	3	RSPPbm	1
250	Webinar Zoom BTCLS	24/03/2021	2	RSPPbm	2
251	Primary Survey dan Secondary Survey	24/03/2021	2	RSPPbm	1
252	E-Seminar Seri ke-3 "Melampaui Batas Identitas : Pencitraan dalam Perspektif Manajemen dan Seni" / 3rd E-Seminar Series "Transcending Identity Boundaries : Imagery in Management and Art Perspective"	24/03/2021	4	RSPPbm	1
253	Sosialisasi Peraturan Pemerintah Republik Indonesia Nomor 35 Tahun 2021 Tentang Perjanjian Kerja Waktu tertentu, Alih Daya, Waktu Kerja dan Waktu Istirahat, dan Pemutusan Hubungan Kerja / Dissemination of Government Regulation of the Republic of Indonesia No. 35 of 2021 concerning Work Agreements for Certain Time, Outsourcing, Working Time and Rest Time, and Termination of Employment	24/03/2021	3	RSPT	1
254	NuRSing Zoominar "Pasien Covid-19, Perawatan dan Pemantaun Hemodinamik / NuRSing Zoominar "Covid-19 Patients, Hemodynamic Treatment and Monitoring	25/03/2021	2	RSPD	1
255	Paparan Pencapaian dan Penetapan Indikator Mutu PBM IHC / Presentation of Achievements and Determination of PBM IHC Quality Indicators	25/03/2021	1	RSPD	2

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
256	Pelayanan Keperawatan Kesehatan Jiwa / Mental Health Nursing Services	25/03/2021	4	RSPPbm	1
257	Pasien Covid-19: Perawatan dan Pemantauan Hemodinamik / Covid-19 Patients: Hemodynamic Care and Monitoring	25/03/2021	2	RSPPbm	8
258	Developing Strong Sales Team	25/03/2021	2	RSPPbm	1
259	Perawatan dan Pemantauan Hemodinamik / Hemodynamic Treatment and Monitoring	25/03/2021	2	RSPPbm	1
260	Best Practice Online Recruitment	25/03/2021	3	RSPPbm	1
261	Purple Day (Epilepsy Awareness)	26/03/2021	1	RSPPbm	4
262	Pentingnya Leadership Bagi Pengelola SDM / The Importance of Leadership for HR Managers	26/03/2021	3	RSPT	1
263	Pelatihan Akuntansi MyBrevet online "Cost Accounting : Costing System" / MyBrevet Online Accounting Training "Cost Accounting : Costing System"	26/03/2021	3	RSPT	1
264	Pelatihan Sterilisasi Dasar "Implementasi Standar Utama Pelayanan Sterilisasi Yang Tersentralisasi (CSSD) / Basic Sterilization Training "Implementation of Main Standards of Centralized Sterilization Services (CSSD)	26-28/03/2021	3	RSPT	1
265	Rakerda dan Seminar Hisfa RSI Sumsel / Regional Working Meeting and Seminar on Hisfa Islamic Hospital South Sumatra	27/03/2021	7	RSPPbm	1
266	Vaksin Covid-19 Pada Ibu Menyusui / Covid-19 Vaccine for Breastfeeding Mothers	27/03/2021	4	RSPPbm	3
267	Kesehatan Pencernaan Fondasi Tumbuh Kembang Optimal Anak / Digestive Health Foundation for Optimal Growth of Children	27/03/2021	4	RSPPbm	1
268	Isu Terkini Kespro Dan Peran Program BKKBN / The Latest Issues of Reproductive Health and the Role of the BKKBN Program	27/03/2021	4	RSPPbm	1
269	Penggunaan Immunomodulator Yang Rasional dan Masalah Kulit Yang Muncul Dimasa Pandemi Covid-19 / Rational Use of Immunomodulators and Skin Problems That Appear During the Covid-19 Pandemic	27/03/2021	3	RSPPbm	1
270	Peran Perawat Tangguh Untuk Masyarakat Sehat / The Role of Tough Nurses for A Healthy Society	27/03/2021	2	RSPPbm	2
271	Multidisipline Kidney Meeting World Kidney Day	27/03/2021	3	RSPPbm	1
272	Kidney Pasien Transpalant dan Manajemen Perawatan Pasien CKD di Era Pandemi / Kidney Transpalant Patient and CKD Patient Care Management in the Pandemic	27/03/2021	3	RSPPbm	1
273	Kenali Dan Obat Kanker Usus Besar Sejak Dini / Early Recognition and Treatment of Colon Cancer	27/03/2021	1	RSPPbm	2
274	Pain Management Best Practises	28/03/2021	3	RSPPbm	1
275	Evidence Based Practice In Cancer Nursing During Covid-19 Pandemic	29/03/2021	2	RSPD	3
276	Evidence-Based Practice In Cancer Nursing During Covid-19 Pandemic	29/03/2021	2	RSPPbm	7
277	Manajemen Bangsal / Ward Management	29-30/3/2021	10	RSPTr	1
278	Pembinaan dan Sertifikasi Medical Check Up & Fit To Work / Medical Check Up & Fit To Work Coaching and Certification	30/03/2021	19	RSPPbm	1
279	Persiapan Akreditasi Tim Prognas / Preparation for Accreditation of Prognas Team	30/03/2021	3	RSPPbm	1
280	Remote Audit di Masa Industri 4.0 "Siap Menjadi Auditor & Menjadi Auditor Yang Siap & Hebat" / Remote Audit in Industry 4.0 "Ready to Be an Auditor & Become a Prepared & Great Auditor"	30/03/2021	3	RSPT	1
281	Topic: Trauma Muskuloskeletal / Topic: Musculoskeletal Trauma	31/03/2021	2	RSPPbm	1
282	Membangun Knowledge Institution Melalui Learning Organization / Building Knowledge Institutions Through Learning Organizations	31/03/2021	3	RSPPbm	1
283	Berbagai Gejala Covid & Serba Serbi Vaksin / Various Symptoms of Covid & All About Vaccines	31/03/2021	2	RSPPbm	1
284	Enhancing Digital Learning Engagement	31/03/2021	2	RSPPbm	1
285	Strategi HR Membangun Employer Branding / HR Strategy to Build Employer Branding	31/03/2021	1	RSPPbm	1
286	Sosialisasi PP nomor 34 tahun 2021 Tentang Penggunaan Tenaga Kerja Asing dan PP nomor 5 tahun 2021 Tentang Penyelenggaraan Perizinan Berusaha Berbasis Risiko / Socialization of PP No. 34 of 2021 concerning the use of foreign workers and PP No. 5 of 2021 concerning the Implementation of Risk-Based Business Licensing	31/03/2021	3	RSPT	1
287	Pelatihan Vaksinator Covid-19 / Covid-19 Vaccinator Training	31/03/2021	24	RSPJ	2
288	Nursing Zoominar "Persiapan & Clinical Reasoning Perawat Medikal Bedah" / Nursing Zoominar "Preparation & Clinical Reasoning for Surgical Medical Nurses"	01/04/2021	2	RSPD	3
289	Persiapan & Clinical Reasoning Perawat Medikal Bedah / Medical Surgical Nurse Preparation & Clinical Reasoning	01/04/2021	2	RSPPbm	14

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
290	Sosialisasi Pedoman HSE dari PT. Krakatau Inti Medika & PT. Bakti Timah / Dissemination of HSE Guidelines from PT. Krakatau Inti Medika & PT. Tin Service	01/04/2021	2	RSPPbm	1
291	Quality day IPKP Edisi 1 Snars / Quality day IPKP Edition 1 Snars	01/04/2021	3	RSPPbm	1
292	Update On Coronary Interventions	01/04/2021	4	RSPPbm	1
293	Training Online Merancang Model Kompetensi Karyawan / Online Training Designing Employee Competency Model	02/04/2021	4	RSPB	1
294	Sosialisasi Peraturan Pemerintah Nomor 37 Tahun 2021 Tentang Penyelenggaraan Program Jaminan Kehilangan Kerja / Dissemination of Government Regulation No. 37 of 2021 concerning the Implementation of the Job Loss Insurance Program	02/04/2021	4	RSPB	2
295	The Clock Is Ticking	02/04/2021	4	RSPPbm	1
296	Kulik Tuntas Fakta atau Mitos Donor Darah Tidak Menularkan Covid-19 / Exploring the Facts and Myths of Donating Blood Not Causing the Spread of Covid-19	02/04/2021	2	RSPPbm	1
297	Seminar Daring "Pekan Temu Berbagi Pengetahuan untuk Sejawat (Pekan TBPS)" / Online Seminar "Knowledge Sharing Meeting for Peers (TBPS Week)"	03/04/2021	4	RSPPbm	2
298	Pentingnya Pemilihan dan Penggunaan APD / The Importance of Selection and Use of PPE	03/04/2021	4	RSPPbm	2
299	Tantangan Pekerjaan Kefarmasian / Pharmaceutical Job Challenges	03/04/2021	5	RSPPbm	1
300	Inovasi Pelayanan Keperawatan dalam Pembangunan Kesehatan Masyarakat Indonesia / Nursing Service Innovation in Indonesia's Public Health Development	03/04/2021	3	RSPPbm	3
301	Keluhan Pencernaan Anak Pada Praktik Sehari-Hari Dan Perannya Pada Tumbuh Kembang Anak / Children's Digestive Complaints in Daily Practice and Its Role in Child Development	03/04/2021	3	RSPPbm	1
302	Pentingnya Pemilihan & Penggunaan APD Yang Tepat Dalam Mencegah Terjadinya Infeksi Silang Antara Tenaga Kesehatan dan Pasien / The Importance of Choosing & Using the Right PPE in Preventing Cross-Infection Between Healthcare Workers and Patients	03/04/2021	4	RSPT	1
303	Tatalaksana Pelayanan Konservasi Gigi Dengan Covid-19 Terkini / Management of Dental Conservation Services with the Latest Covid-19	04/04/2021	5	RSPPbm	3
304	Webinar Nasional Kajian Kesehatan Haji Indonesia / National Webinar of Indonesian Hajj Health Studies	04/04/2021	3	RSPPbm	1
305	Kenali Gangguan Tyroid dan Penanggulangannnya / Getting to know Thyroid Disorders and their Treatment	04/04/2021	3	RSPPbm	5
306	Cara Aman Menggunakan Obat Tradisional di Masa Pandemi / Safe Ways to Use Traditional Medicines During Pandemic	04/04/2021	3	RSPPbm	3
307	Management Asuhan Persalinan Normal / Normal Maternity Care Management	04/04/2021	4	RSPPbm	1
308	Pengendalian Faktor Resiko Masalah Sistem Endokrin Pada Jamaah Haji Di Tengah Pandemi Covid-19 / Controlling Risk Factors for Endocrine System Problems in Hajj Pilgrims Amid the Covid-19 Pandemic	04/04/2021	3	RSPPbm	2
309	Pelatihan Tenaga Vaksinator Covid -19 / Covid -19 Vaccinator Staff Training	05/04/2021	4	RSPB	3
310	Vaccinology Course for ICV (lanjutan tanggal 19 Januari 2021 / continuation from January 19, 2021)	05/04/2021	2.5	RSPCI	2
311	Vaccinology Course For ICV (Lanjutn Pelatihan Tgl (lanjutan tanggal 19 Januari 2021 / continuation from January 19, 2021)	05/04/2021	2.5	RSPD	2
312	Nursing Zoominar "Back To School"	05/04/2021	2	RSPD	10
313	Back To School	05/04/2021	2	RSPPbm	12
314	Self Assesment Akreditasi Chapter MFK / MFK Chapter Accreditation Self-Assessment	05/04/2021	2	RSPPbm	1
315	Peran Tenaga Teknis Kefarmasian Dalm Mendukung Eliminasi TBC / The Role of Pharmacy Technicians in Supporting the Elimination of TBC	05/04/2021	3	RSPPbm	1
316	Vaccinology Course for ICV	05/04/2021	3	RSPR	1
317	Webinar Kupas Tuntas PP 35 dan PP 36 Tahun 2021 Tentang Pengupahan, PHK, PKWT dan Alih Daya / Webinar on the Discussion of PP 35 and PP 36 of 2021 concerning Wages, Layoffs, PKWT and Outsourcing	05-06/04/2021	8	RSPT	2
318	Pertemuan Ilmiah Respirologi Malang 2021 / 2021 Malang Respirology Scientific Meeting	03-11/04/2021	30	RSPPbm	1
319	Pekan Ilmiah Tahunan Dan Semiloka Nasional VI "Mutu Dan Keselamatan Di RS Tetap Menjadi Proritas Utama Di Masa Pandemi Covid-19, Penelitian Mutu & Keselamatan Pasien Di Era Pandemi Covid-19 / Annual Scientific Week and National Seminar VI "Quality and Safety in Hospitals Remain a Top Priority During the Covid-19 Pandemic, Quality Research & Patient Safety in the Covid-19 Pandemic	05-09/04/2021	45	RSPT	1
320	PMKP Di Era Pandemi Covid-19 / MKP In the Covid-19 Pandemic	05-09/04/2021	5	RSPT	1
321	Strategi kebijakan dan tatalaksana kebidanan di era pandemic / Midwifery policy and management strategy in the pandemic	06/04/2021	3	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
322	Pentingnya menjaga kesehatan mulut untuk kehamilan yang sehat / The importance of maintaining oral health for a healthy pregnancy	06/04/2021	2	RSPPbm	1
323	Webinar "Sosialisasi PP Nomor 37 Tahun 2021 Tentang Penyelenggaraan Program Jaminan Kehilangan Pekerjaan" / Webinar "Socialization of PP No. 37 of 2021 Concerning the Implementation of the Job Loss Guarantee Program"	06/04/2021	3	RSPT	2
324	Evaluasi Kesiapan RS Pada Masa Pandemi Covid-19 / Evaluation of Hospital Readiness During the Covid-19 Pandemic	07/04/2021	6	RSPJ	1
325	DISENGATHR : Kaizen & 5R	07/04/2021	1	RSPPbm	1
326	Peran penting nutrisi dalam kehamilan / The important role of nutrition in pregnancy	07/04/2021	3	RSPPbm	12
327	Teknik menyusui bayi untuk sukses asi eksklusif / Breastfeeding techniques for successful exclusive breast milk	07/04/2021	2	RSPPbm	5
328	Peranan Perawat Komunitas dalam Mencegah Narkoba di Masyarakat / The Role of Community Nurses in Preventing Drug Abuse in Society	07/04/2021	3	RSPPbm	3
329	Optimal Treatment For Allergic Rhinitis And It's Comorbid	07/04/2021	3	RSPPbm	1
330	Seminar Nasional Keperawatan Nusantara / National Nursing Seminar	07-08/4/2021	17	RSPR	4
331	Webinar "Update Management Of Epilepsy, Focus On Focal Seizure"	08/04/2021	2	RSPD	1
332	Nursing Zoom "Perawatan Holistik Postpartum" / Nursing Zoom "Postpartum Holistic Care"	08/04/2021	2	RSPD	9
333	Pelaksanaan BIMTEK Petugas Input Hasil MCU / Implementation of BIMTEK for MCU Results Input Officer	08/04/2021	8	RSPJ	2
334	Risiko Komunikasi Cardioneral Pada Pasien DMT2: Implementasi Guidelines Untuk Praktik Klinis / Cardional Communication Risks in T2DM Patients: Implementation of Guidelines for Clinical Practice	08/04/2021	3	RSPPbm	1
335	Manajemen Pelayanan Covid-19 / Covid-19 Service Management	08/04/2021	3	RSPPbm	4
336	Perawatan Holistik Postpartum / Postpartum Holistic Care	08/04/2021	2	RSPPbm	11
337	"The Use Of Wound Cleansing Solutions In Acute and Chronic Wound"	08/04/2021	3	RSPPbm	2
338	Implementasi Sistem Remunerasi Berbasis Kinerja di RSPPbm dengan Pendampingan Konsultan Remunerasi PT Pertamedika IHC / Implementation of Performance-Based Remuneration System at RSPPbm with Assistance from PT Pertamedika IHC's Remuneration Consultant	08/04/2021	7	RSPPbm	13
339	Webinar Dengan Tema "Menagih Hutang Itu Mudah" / Webinar With the Theme "Collecting Debt Is Easy"	08/04/2021	8	RSPT	1
340	Workshop PITSELNAS VI Komunikasi Efektif dan PMKP di Era Pandemi Covid-19 / PITSELNAS VI Workshop on Effective Communication and PMKP in the Covid-19 Pandemic	08-09/04/2021	16	RSPJ	4
341	Webinar "Public Speaking, Personal Branding & Problem Solving"	08-10/04/ 2021	6	RSPT	2
342	3 Skill Penting Webinar With the Theme "Collecting Debt Is Easy" anda Miliki: Public Speaking, Personal Branding & Problem Solving	08-10/04/2021	4	RSPB	1
343	Comprehensive Management of Pulmonary disease in Pandemic Era	09-10/04/2021	10	RSPPbm	1
344	Webinar "E-Recruitment di Era digital" / Webinar "E-Recruitment in the Digital Age"	09/04/2021	3	RSPT	1
345	Mengawal Pertumbuhan dan Perkembangan Anak Sejak dini / Controlling the growth and development of children from an early age	10/04/2021	2	RSPPbm	12
346	Bakti THT-KL Kepada Masyarakat / ENT-KL Service to the Community	10/04/2021	3	RSPPbm	1
347	Preventing and Combating Neovascular Glaucoma	10/04/2021	3	RSPPbm	1
348	Kehamilan, Persalinan, Vaksinasi di Era Pandemi Covid-19 / Pregnancy, Childbirth, Vaccination in the Era of the Covid-19 Pandemic	10/04/2021	3	RSPPbm	6
349	Webinar Nasional Vaksin Covid-19 Himadan FK UNS 2021 " Kupas Tuntas Kebijakan Vaksin Covid -19 pada Ibu Menyusui" / National Webinar on Covid-19 Vaccine Himadan FK UNS 2021 "Discussion on the Covid-19 Vaccine Policy for Breastfeeding Mothers"	10/04/2021	4	RSPPbm	1
350	Comprehensive Care In C Section Pre-Intra-Post Care During Pandemic Covid-19	10/04/2021	3	RSPPbm	3
351	Asupan Nutrisi Pada Neonatus Dan Peran Perawat Dalam Pemantauan Nutrisi / Nutritional Intake in Neonates and the Role of Nurses in Nutrition Monitoring	10/04/2021	2	RSPPbm	4
352	Gastrointestinal Disease Management	10/04/2021	3	RSPPbm	1
353	Persiapan Menyusui pada masa kehamilan / Preparation for Breastfeeding during Pregnancy	10/04/2021	3	RSPPbm	6
354	Comprehensive Care In C-Section Pre-Intra-Post-Operative Care During Pandemic Covid-19	10/04/2021	4	RSPT	2
355	Single Use Guidance In Intra Operative	11/04/2021	3	RSPPbm	1
356	A Practical Apprroach On Corneal Ulcerintraocular Inflamation And Cataract	11/04/2021	3	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
357	Rakernas HAKLI / HAKLI National Work Meeting	11/04/2021	12	RSPPbm	1
358	Webinar Microsoft Excel Basic "Kerja Cepat Dengan Excel" / Webinar Microsoft Excel Basic "Work Fast With Excel"	11/04/2021	3	RSPT	1
359	Ujian Stase KMB Sistem Respirasi / Respiratory System KMB Station Exam	12/04/2021	1	RSPPbm	1
360	Persiapan Sekolah Tatap Muka / Face-to-face School Preparation	12/04/2021	2	RSPPbm	10
361	Pengisian Data Kinerja Dokter pada Sistem Baru Remunerasi Berbasis Kinerja / Physician Performance Data Filling in the New Performance-Based Remuneration System	12/04/2021	2	RSPPbm	1
362	Ketentuan PKWT dan Alih Daya Pada PP No. 35 Tahun 2021 / Provisions on PKWT and Outsourcing in PP No. 35 of 2021	13/04/2021	4	RSPPbm	1
363	Aku, Asupanku, dan Masa Depanku / Me, My Intake, and My Future	13/04/2021	3	RSPPbm	1
364	Peran Perawat Polri Dalam Mensukseskan Vaksinasi Covid-19 / The Role of Police Nurses in the Success of Covid-19 Vaccination	13/04/2021	4	RSPPbm	1
365	Interactive Care Home Care	13/04/2021	2	RSPPbm	1
366	Pricing Strategy Menggunakan Metode Risk Based Score / Pricing Strategy Using Risk-Based Score Method	13/04/2021	2	RSPPbm	1
367	Workshop Perhitungan Tingkat Kesehatan Perusahaan, Dividen dan Tantiem bagi Direksi dan Dewan Komisaris PT Pertamina Bina Medika IHC dan Anak Perusahaan / Workshop on Calculation of Company Health Level, Dividends and Bonuses for Directors and Board of Commissioners of PT Pertamina Bina Medika IHC and Subsidiaries	13/04/2021	3	Pertamedika IHC Group	35
368	Pelatihan ATLS / ATLS Training	13-15/04/2021	5	RSPD	2
369	Webinar Ilmiah "Safety Evacuation And Treatment of Burnt Patient In Pandemic Era" / Scientific Webinar "Safety Evacuation And Treatment of Burnt Patient In Pandemic Era"	14/04/2021	2	RSPD	1
370	Aku Ada, Aku Bisa Berpertasi / I Am Here to Achieve	14/04/2021	3	RSPPbm	4
371	Let's Tallk about Sex Education	14/04/2021	3	RSPPbm	3
372	"Generasi Muda Melek Kesehatan Reproduksi Itu Keren Loh" / "Youth Awareness of Reproductive Health"	14/04/2021	2	RSPPbm	1
373	Pojok Pintar Manajemen Seri #7 - The Past and The Future of Logistics Industry: Learning Key Points from Pandemic / Smart Corner Management Series #7 - The Past and The Future of Logistics Industry: Learning Key Points from Pandemic	14/04/2021	2	RSPPbm	2
374	Webinar Ilmiah "Safety Evacuation And Treatment of Burn Patient In Pandemic Era"	14/04/2021	3	RSPT	7
375	Nursing Zoominar "Aspek Psikososial & Safeward Pelayanan Kesehatan Jiwa" / Nursing Zoominar "Psychosocial & Safeward Aspects of Mental Health Services"	15/04/2021	2	RSPD	1
376	Aspek Psikososial & Safeward Pelayanan Kesehatan Jiwa / Psychosocial & Safeward Aspects of Mental Health Services	15/04/2021	3	RSPPbm	11
377	Ketangguhan Perawat Gawat Darurat Di Masa Pandem Covid-19 / The Resilience of Emergency Nurses During the Covid-19 Pandemic	15/04/2021	2	RSPPbm	1
378	Sharing Knowlege : SNARS EDISI 1, Chapter Integrasi Facility Management And Safety (FMS) / Knowledge Sharing: SNARS EDITION 1, Chapter Integration of Facility Management And Safety (FMS)	15/04/2021	2	RSPPbm	1
379	Sosialisasi Pedoman Lingkungan dari PT. NMU, PT. NSM dan PT. Rolas / Dissemination of Environmental Guidelines from PT. NMU, PT. NSM and PT. Rolas	15/04/2021	3	RSPPbm	1
380	Webinar "Coaching and Counseling Skills"	15-16/04/2021	6	RSPT	1
381	Webinar "Fungsi dan Peran General Affair untuk sukses Organisasi" / Webinar "Functions and Roles of General Affair for Organizational Success"	16/04/2021	3	RSPT	4
382	Training for Unit TO & Hospital Initiative Owner	16-19/04/2021	4	RSPR	2
383	Tatalaksana dan Pencegahan Alergi Pada Anak / Management and Prevention of Allergies in Children	17/04/2021	3	RSPPbm	3
384	Komitmen Bersama Mencegah Kematian Maternal / Shared Commitment to Prevent Maternal Deaths	17/04/2021	3	RSPPbm	1
385	Diagnosis And Management Of Diabetic Neuropathy With Vitamin Neurotropics	17/04/2021	3	RSPPbm	1
386	Nutrisi Ibu Hamil / Maternal Nurition	18/04/2021	3	RSPPbm	1
387	Periopertive Care Operting Room & Covid-19 Pandemic	18/04/2021	2	RSPPbm	1
388	Latihan Pernapasan & Perawatan Lansia Dengan Covid-19 / Breathing Exercises & Care for the Elderly with Covid-19	19/04/2021	2	RSPD	11
389	Crash Program Keringanan Utang / Crash Program on Debt Relief	19/04/2021	2	RSPPbm	6
390	Ujian Stase KMB Sistem Endokrin / Endocrine System KMB Station Exam	19/04/2021	1	RSPPbm	1
391	Digi E-Meetup: People's Development Strategy for Continuous Improvement	20/04/2021	2	RSPPbm	5

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
392	People Development Strategy for Continuous Improvement	20/04/2021	2	RSPPbm	1
393	Manajemen Keluhan Pelanggan, Pasien & Keluarga / Customer, Patient & Family Complaint Management	20-21/04/2021	8	RSPB	3
394	Pelatihan online: Komite Keperawatan dalam Pengendalian Mutu Pelayanan Keperawatan di Rumah Sakit / Online training: Nursing Committee in Quality Control of Nursing Services in Hospitals	20-22/04/2021	12	RSPB	2
395	Bimbingan Teknis Implementasi Sistem Remunerasi / Technical Guidance on the Implementation of the Remuneration System	21/04/2021	7	RSPCI	4
396	DISENGATHR : Leader Wanita di Dunia Kerja Pria / DISENGATHR: Women Leaders in the World of Men	21/04/2021	1	RSPPbm	1
397	Patient Safety In Preventing Pressure Ulcers The Pandemic Confirmation	21/04/2021	4	RSPPbm	1
398	Bimbingan Ujian Gerbong Stase KMB / KMB Station Carriage Exam Guidance	21/04/2021	1	RSPPbm	1
399	Membangun Team Work Yang Efektif / Building an Effective Team Work	21/04/2021	3	RSPPbm	1
400	Peran Aktif Ibu Dalam Pelayanan KB Serta Metode Kontrasepsi Yang Tepat Di Era New Normal / Mother's Active Role in Family Planning Services And The Right Contraceptive Method In The New Normal Era	21/04/2021	3	RSPPbm	1
401	Vaksinasi Covid-19 & Perawatan Diri Pasien Dialisis / Covid-19 Vaccination & Dialysis Patient Self Care	22/04/2021	2	RSPPbm	13
402	Mengulas Mitos Dan Fakta Diabetes / Discussion on the Myths and Facts of Diabetes	22/04/2021	2	RSPPbm	3
403	Tatalaksana Komprehensif Ibu Hamil Dengan Covid-19 / Covid-19 Vaccination & Dialysis Patient Self Care	22/04/2021	2	RSPPbm	1
404	Webinar Kolaborasi HR & Finance dalam Business Improvement : Risk-Control-Governance / HR & Finance Collaboration Webinar in Business Improvement : Risk-Control-Governance	23/04/2021	3	RSPT	2
405	Pentingnya Brain Kognitif Pada Bayi BBLR Dan Nutrisi Yang Diperlukan / The Importance of Cognitive Brain in LBW Infants and the Nutrients Needed	24/04/2021	3	RSPPbm	4
406	Hidup Sehat Dengan Cara Alami / Healthy Living in the Natural Way	24/04/2021	2	RSPPbm	1
407	Sejuta Manfaat Puasa & Gerakan Sholat Bagi Kesehatan / Benefits of Fasting & Salat Prayer Movement for Health	24/04/2021	3	RSPPbm	1
408	Manajemen Keperawatan Pemenuhan Cairan-Elektrolit, Hemodialisis dan CRRT Pada Klien Dengan Covid-19 / Nursing Management of Fluid-Electrolyte Fulfillment, Hemodialysis, and CRRT for Clients with Covid-19	24/04/2021	4	RSPPbm	1
409	Peringatan Hari Suara Sedunia (World Voice Day)	24/04/2021	3	RSPPbm	1
410	Webinar "Nasional Kesehatan Teledentistry 2021" / Webinar "20201 National Teledentistry Health Day"	24/04/2021	3	RSPT	1
411	Sosialisasi/Pembinaan Peraturan Perundang-undangan Bidang Fasilitas Radiasi dan Zat Radioaktif Dengan Pemangku Kepentingan (Stakeholders) / Dissemination/Guidance of Legislations in the Field of Radiation Facilities and Radioactive Substances with Stakeholders	24/04/2021	5	RSPT	1
412	Pelatihan dan Sertifikasi Nasional Bergelar Certified Risk Associate (CRA) / National Training and Certification of Certified Risk Associate (CRA)	24-25/04/2021	14	RSPT	1
413	Pelatihan Terapi Warna / Color Therapy Training	25/04/2021	4	RSPPbm	1
414	Pelatihan Dialisis / Dialysis Training	25-28/04/2021	16	RSPB	3
415	Prakonvensi RSKKNI Bidang Rekam Medis dan Informasi Kesehatan / RSKKNI Preconvention on Medical Records and Health Information	26/04/2021	8	RSPJ	1
416	ASKEP PCNL & Hipospadia Di Era New Normal / ASKEP PCNL & Hypospadias in the New Normal Era	26/04/2021	2	RSPPbm	16
417	Sosialisasi Permenlhk No 27 Tahun 2020 Tentang Pengelolaan Limbah Alat Kesehatan Mengandung Merkuri Se Sumatera / Dissemination of Minister of Environment and Forestry Regulation No. 27 of 2020 concerning Management of Medical Device Waste Containing Mercury in Sumatra	26/04/2021	3	RSPPbm	1
418	Nyaman, Praktis, Terlindungi dengan KB Suntik 2 Bulan Andalan Gestin F2 / Comfortable, Practical, and Protected With 2-Month KB Injection of Gestin F2	27/04/2021	3	RSPPbm	4
419	Sosialisasi Pemberian Penghargaan Alkes Non Mekuri Di Fasyankes Tahun 2021 / Dissemination of Non-Mecury Medical Devices Award at Health Facilities in 2021	27/04/2021	6	RSPPbm	1
420	Monev PME Laboratorium BTA P2TBC Triwulan I Tahun 2021 / Monitoring and Evaluation of PME Laboratory of BTA P2TBC Quarter I 2021	28/04/2021	8	RSPJ	2
421	Mau Dibawa Kemana Kasus Penganiayaan Perawat Palembang??? / Discussion on the Nurse Persecution Case in Palembang	28/04/2021	3	RSPPbm	1
422	RS Kebijakan Terkait Rumah Sayang Bayi BFHI Dan LMKM / RS Policies Related to BFHI Baby Care Homes and LMKM	28/04/2021	2	RSPPbm	2
423	Pojok Pintar Manajemen Seri #8 | 21 : Mindfulness At Work: Lighten Up Your Day / Management Smart Corner Series #8| 21 : Mindfulness At Work: Lighten Up Your Day	28/04/2021	2	RSPPbm	4

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
424	Tanggung Jawab Rumah Sakit Dalam Mendukung Menyusui Melalui Program RS Sayang Bayi BFHI / Hospital Responsibilities in Supporting Breastfeeding Through the BFHI Baby Care Hospital Program	28/04/2021	4	RSPPbm	1
425	Bimbingan Teknis Implementasi Sistem Remunerasi Berbasis Kinerja / Technical Guidance on Implementation of Performance-Based Remuneration System	28/04/2021	3	RSPR	11
426	Penatalaksanaan Bayi Hiperbilirubin Di Era Pandemi Covid-19 / Management of Infant Hyperbilirubinemia in the Covid-19 Pandemic	29/04/2021	3	RSPPbm	13
427	Budaya Keselamatan Staf Klinis RSTerakreditasi Menjadi Covid19 (Quality Day) / Accredited Hospital Clinical Staff Safety Culture to Covid19 (Quality Day)	29/04/2021	2	RSPPbm	1
428	Presentasi : a. Pedoman HSE dari PT. RS PELNI; b. Pedoman Fit to Work PT RS Pelabuhan; c. Pedoman Fit to Work PT PHC / Presentation: a. HSE Guidelines from PT. RS PELNI; b. Guidelines for Fit to Work PT RS Pelabuhan; c. PT PHC Fit to Work Guidelines	29/04/2021	2	RSPPbm	1
429	Eye Healthcare & Nursing Services	30/04/2021	2	RSPPbm	2
430	Economic And Management Insight: Preparing a New Chapter of Indonesia Business	30/04/2021	2	RSPPbm	1
431	Covid-19 : Managing The Crisis And Beyond	01/05/2021	3	RSPPbm	3
432	Kabar Terbaru Vaksin Dan Terapi Pencegahan Covid-19 Dengan Immunomodulator / The Latest News on Vaccines and Preventive Therapy for Covid-19 with Immunomodulators	01/05/2021	4	RSPPbm	1
433	Kegawatdaruratan Pada Bayi & Anak / Infants & Children Emergencies	01/05/2021	3	RSPPbm	3
434	Webinar Tema "Kompetensi di Era 4.0" / Thematic Webinar "Competency in the 4.0 Era"	01/05/2021	3	RSPT	1
435	Webinar Tema "Manajemen SDM RS Outsourcing pada Fasyankes" / Thematic Webinar "HR Management of Outsourcing Hospital at Health Facilities"	01/05/2021	3	RSPT	1
436	Training Online Project Management For Human Resources	02/05/2021	3	RSPB	1
437	Pemulasaran Jenazah Covid-19 Ditinjau Dari Segi Agama Dan Kesehatan / Burial of Bodies with Covid-19 in the Perspective of Religion and Health	02/05/2021	4	RSPPbm	2
438	Return To Surgery With Confidence :Why Warmth Matters Before, During and After Surgery	02/05/2021	3	RSPPbm	3
439	Pemulasaran Jenazah Covid-19 Ditinjau Dari Segi Agama Dan Kesehatan / Burial of Bodies with Covid-19 in the Perspective of Religion and Health	02/05/2021	4	RSPPbm	12
440	Infeksi Covid-19 : Mutasi Virus & Berlebaran Aman / Covid-19 Infection:Virus Mutation & Having A Safe Eid	03/05/2021	2	RSPPbm	1
441	Pencegahan dan Pengendalian Infeksi dalam Persiapan Menghadapi Mutasi Virus Covid-19 / Infection Prevention and Control in Preparation for the Covid-19 Mutation	03/05/2021	2	RSPPbm	3
442	Sosialisasi Pertamina Environment Regulation Compliance Assurance (PERCA) / Dissemination of Pertamina Environment Regulation Compliance Assurance (PERCA)	03-05/05/2021	12	Pertamedika IHC Group	210
443	Bimbingan Teknis Sistem Remunerasi Berbasis Kinerja Di RSPT,RSPTr Dan RSPS / Performance-Based Remuneration System Technical Guidance in RSPT, RSPTr and RSPS	04/05/2021	2	RSPPbm	1
444	Pengembangan Kapasitas Kepemimpinan Keperawatan Klinis / Clinical Nursing Leadership Capacity Development	04/05/2021	3	RSPPbm	5
445	Pembahasan Pengisian Uraian Pekerjaan Harian (Log Book Sistem Remunerasi) Di Fungsi Keperawatan dan Kebidanan) / Discussion on Filling in Daily Job Descriptions (Remuneration System Log Book) in Nursing and Midwifery Functions)	04/05/2021	2	RSPPbm	1
446	Rapat Koordinasi Remunerasi Keperawatan Dan Bidan Seluruh PBM / Nursing and Midwife Remuneration Coordination Meeting for All PBM	04/05/2021	2	RSPPbm	1
447	Rapat Pembahasan Pengisian Uraian Pekerjaan Harian Di Fungsi Keperawatan Dan Bidan / Discussion Meeting on Filling Daily Job Descriptions in the Nursing and Midwife Function	04/05/2021	2	RSPPbm	1
448	Undangan Peserta Daerah Pertemuan Koordinasi Implementasi PMK No.7 Tahun 2019 Tentang Kesling Rumah Sakit / Invitation as Regional Participant for the Coordination Meeting for the Implementation of PMK No.7 of 2019 concerning Hospital Health	04/05/2021	7	RSPPbm	1
449	Bss Huet & Sea Survival Training	05/05/2021	8	RSPB	1
450	Digital Logistic & Supply Chain Financing	05/05/2021	3	RSPPbm	1
451	Koordinasi Remunerasi Keperawatan dan Bidan Seluruh PBM / Coordination of Nursing and Midwife Remuneration for All PBM	05/05/2021	5	RSPPbm	1
452	Rekomendasi Pencegahan Kanker Rahim Melalui Vaksin Remaja / Recommendations for Prevention of Uterine Cancer Through Youth Vaccines	05/05/2021	3	RSPPbm	1
453	Pengisian Uraian Pekerjaan Harian Fungsi Keuangan, HCGA, Humas, Legal & Sekretaris / Completing Daily Job Descriptions for Finance, HCGA, Public Relations, Legal & Secretarial Functions	05/05/2021	2	RSPPbm	10
454	Webinar AKHLAK Sharing Session Tema "Self Reflection Toward AKHLAK Action" / AKHLAK Webinar Sharing Session with the Theme "Self-Reflection Toward AKHLAK Action"	05/05/2021	3	RSPT	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
455	Pelatihan 4S1B / 4S1B Training	05-07/05/2021	20	RSPP, RSPJ, RS Pelni, RS Krakatau Medika, RS Pelabuhan Jakarta, RS Port Medical Center	36
456	The Unique Challenges In Hospital's Human Resources Departement	06/05/2021	3	RSPB	1
457	Perawatan Luka Kanker & Luka Bakar / Cancer Wound & Burn Treatment	06/05/2021	2	RSPPbm	3
458	Deteksi Dini Thalassemia / Early Detection of Thalassemia	06/05/2021	3	RSPPbm	4
459	The Unique Challenges In Hospital's Human Resouces Departement	06/05/2021	3	RSPT	1
460	Sosialisasi Penyederhanaan Alur Pelayanan Vaksin Covid-19 / Dissemination of the Simplification of the Covid-19 Vaccine Service Flow	07/05/2021	2	RSPDm	4
461	Dialog Spesial Advokasi Thr Perawat Provinsi Jambi / Special Dialogue on THR Advocacy for Nurses in Jambi	07/05/2021	3	RSPPbm	1
462	Sosialisasi & Evaluasi Ketaatan Proper Tahun 2020 PT. Pertamina (Persero) / Dissemination & Evaluation of Proper Compliance in 2020 PT. Pertamina (Persero)	07/05/2021	8	RSPPbm	3
463	Webinar Tema "Penilaian Obyektif dengan Assessment Center" / Webinar with the Theme "Objective Assessment with Assessment Center"	07/05/2021	2	RSPT	1
464	Berhaji Saat Pandemi / Hajj During Pandemic	08/05/2021	3	RSPPbm	1
465	Bisnis Jalan Langit / "Bisnis Jalan Langit" Book Review	08/05/2021	2	RSPPbm	1
466	Health Care Associated Infection Is Such A Big Problem, We Need to Focus The World on Something That Is Trully Actionable and Can Save Many, Many Lives, This Action Is Hand Hygiene, A Flagship Element in Patient Safety.	08/05/2021	3	RSPPbm	1
467	Patient Safety	08/05/2021	3	RSPPbm	2
468	Pentingnya Nutrisi Dalam 1000 Hari Pertama Kehidupan / The Importance of Nutrition in the First 1000 Days of Life	08/05/2021	3	RSPPbm	2
469	Upah Minimal Kerja Maksimal / Minimum Wage, Maximum Work	08/05/2021	3	RSPPbm	1
470	Webinar Tema "Manajemen SDM RS Key Performance Indikator" / Webinar with the Theme "Hospital HR Management's Key Performance Indicators"	08/05/2021	3	RSPT	1
471	IHT Pelatihan Patient Safety / IHT Patient Safety Training	10/05/2021	2	RSPCI	75
472	Kegiatan ToT Evaluasi Pengisian Uraian Kegiatan Uraian Kerja Pada Sistem Remunerasi Berbasis Kinerja / ToT Activities Evaluation of Filling Out Job Descriptions on Performance-Based Remuneration System	10/05/2021	3	RSPPbm	6
473	Manajemen Konflik / Conflict Management	10/05/2021	2	RSPPbm	2
474	Training of Trainer (ToT) Evaluasi Pengisian Uraian Kegiatan Kerja pada Sistem Remunerasi Berbasis Kinerja / Training of Trainer (ToT) Evaluation of Completing Job Activity Descriptions on Performance-Based Remuneration System	10/05/2021	3	RSPPbm	1
475	Webinar Nurses : A Voice To Lead	10/05/2021	3	RSPPbm	1
476	TOT Evaluasi Pengisian Uraian Kegiatan Kerja pada Sistem Remunerasi / TOT Evaluation of Completing Job Activity Descriptions in the Remuneration System	10/05/2021	3	RSPR	5
477	Xendit Payment Gateway	19/05/2021	2	RSPPbm	1
478	Peluncuran Program Literasi Digital Nasional "Indonesia Makin Cakap Digital" / Launching of the National Digital Literacy Program "Improving Indonesia's Digital Capability"	20/05/2021	2	RSPPbm	1
479	Transportasi & Evakuasi Udara Di Masa Pandemi Covid / Air Transportation & Evacuation During the Covid Pandemic	20/05/2021	2	RSPPbm	10
480	Percepatan Bangkitnya Ekonomi Bangsa dengan Vaksin Gotong Royong Dan Peran PBM IHC / Accelerating National Economic Growth with the Gotong Royong Vaccine and the Role of PBM IHC	20/05/2021	4		3
481	Webinar Tema "Percepatan Bangkitnya Ekonomi Bangsa dengan Vaksin Gotong Royong & Peran Pertamedika IHC" / Webinar with the Theme "Accelerating National Economic Growth with the Gotong Royong Vaccine and the Role of Pertamedika IHC"	20/05/2021	5	RSPT	7
482	Updates on Physiological Assesment to Improve Outcomes in Coronary Intervention	21/05/2021	3		1
483	Keperawatan Neuromusculare Tapping & Pasca Operasi HIP / Neuromusculare Tapping & Post-HIP Nursing	24/05/2021	2	RSPPbm	9
484	Keperawatan Orthopedi: Neuromusculare Tapping & Pascaoperasi HIP / Orthopedic Nursing: Neuromuscular Tapping & Postoperative HIP	24/05/2021	2	RSPPbm	1
485	Training Kelas Online Asesmen Pasien Dalam Asuhan Pasien Sesuai SNARS Edisi 1.1 / Patient Assessment Online Class Training in Patient Care According to SNARS Edition 1.1	24-25/05/2021	8	RSPB	2

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
486	Pelatihan Sertifikasi ICU Dasar / Basic ICU Certification Training	24-28/05/2021	45	RSPT	3
487	Pelatihan Sertifikasi ICU Dasar / Basic ICU Certification Training	24-28/05/2021	40		1
488	Asuhan Keperawatan Pada Gangguan Sistem Perkemihan / Nursing Care for Urinary System Disorders	25/05/2021	2	RSPPbm	3
489	Lessons Learned And Efforts To Reinforce Health Secyrity To Accelerate Covid-19 Handling	25/05/2021	3	RSPPbm	2
490	Peran Perawat Dalam Manajemen Asuhan Keperawatan Profesional Dengan Gangguan Sistem Perkemihan / The Role of Nurses in the Management of Professional Nursing Care With Urinary System Disorders	25/05/2021	3	RSPPbm	2
491	Pelatihan Asesor Kompetensi Perawat dan Tenaga Kesehatan lainnya / Competency Assessor Training for Nurses and other Healthcare Workers	26-30/05/2021	25	RSPB	2
492	Pelatihan Peningkatan Mutu & Keselamatan Pasien (PMKP) SNARS Ed 1.1 / Quality Improvement & Patient Safety Training (PMKP) SNARS Ed 1.1	27-28/05/2021	16	RSPT	2
493	Lansia Sehat Di Masa Pandemi / Healthy Elderly in Pandemic	27/05/2021	3	RSPPbm	7
494	Stroke: Asuhan Keperawatan & Pencegahan Depresi / Stroke: Nursing Care & Depression Prevention	27/05/2021	2	RSPPbm	1
495	4S1B, Standar Pelayanan, Standar Penampilan, Standar Cara Menerima Telpon Dan Standar Cara Menelpon / 4S1B, Service Standards, Appearance Standards, and Standards for Receiving and Making Calls	27/05/2021	2	RSPPbm	1
496	Maskot Dalam Branding / Mascot for Branding	27/05/2021	4		3
497	Pulmonary Artery Hypertansion From Clinician to Patients Perspective	28/05/2021	3		1
498	Fracture Management and Trauma Nursing Service	28-29/05/2021	16		5
499	Profesionalisme Terapis Gigi dan Mulut dalam Melakukan Pelayanan di Masa New Normal / Professionalism of Dental and Oral Therapists in Providing Services in the New Normal	29/05/2021	4	RSPPbm	1
500	Managing Emergency and Urgent Hypertension in Pandemic Era	29/05/2021	3		1
501	Pelatihan Re-Sertifikasi Asesor Kompetensi Perawat dan Tenaga Kesehatan lainnya / Re-Certification Training for Competency Assessors for Nurses and other Healthcare Workers	29-30/05/2021	25	RSPB	2
502	Revisi Protokol Kasus Covid Dan Penanganan KIPI / Revision of Covid Case Protocol and AEFI Handling	31/05/2021	2	RSPPbm	1
503	Standar Penampilan Pekerja / Employee Appearance Standard	31/05/2021	2	RSPPbm	1
504	Standar Pelayanan di RSPPBm / Service Standards at RSPPBm	31/05/2021	2	RSPPbm	4
505	EWS & Code Blue Pada Pasien Covid -19 / EWS & Code Blue for Covid-19 Patients	31/05/2021	2	RSPPbm	1
506	In Cause Training In Patient Experiment	31/05/2021	2	RSPPbm	1
507	Sosialisasi Program Remunerasi / Dissemination of Remuneration Program	02/06/2021	1	RSPDm	19
508	Patient Expreience & 4S1B	02/06/2021	2	RSPPbm	3
509	Kelas Online Tata Kelola Rumah Sakit (TKRS) Sesuai SNARS (Standar Nasional Akreditasi RS) Edisi 1.1 / Hospital Management (TKRS) Online Class According to SNARS (National Standard for Hospital Accreditation) Edition 1.1	02-03/06/2021	16	RSPB	2
510	Pelatihan Infection Prevention & Control Nurse (IPCN) / Infection Prevention & Control Nurse (IPCN) training	02 - 05/06/2021	20	RSPB	1
511	Penerapan Protokol Kesehatan dan Upaya Mengurangi Risiko Penyebaran Covid-19 pada Fasilitas Kesehatan / Implementation of Health Protocols and Efforts to Reduce the Risk of Covid-19 Transmission in Healthcare Facilities	03/06/2021	3	RSPPbm	1
512	Gastrointestinal & Covid-19	03/06/2021	3	RSPPbm	9
513	Webinar Tema "Food Safety Management System (ISO 22000:2018)" / Webinar with the Theme "Food Safety Management System (ISO 22000:2018)"	03/06/2021	2	RSPT	1
514	Tidur Nyenyak Lansia Sehat Di Era Pandemi / Healthy Sleep for the Elderly in the Pandemic	04/06/2021	3	RSPPbm	4
515	Webinar Tema "Food Safety System Certification (FSSC 22000 Version 5)" / Webinar with the Theme "Food Safety System Certification (FSSC 22000 Version 5)"	04/06/2021	2	RSPT	1
516	Webinar Tema "Global Standard for Food Safety Issue 8 Lead Auditor (BRC)" / Webinar with the Theme "Global Standard for Food Safety Issue 8 Lead Auditor (BRC)"	04/06/2021	2	RSPT	1
517	Sosialisasi Final Alur Layanan Pasien Covid-19 dan Non Covid-19 di RS Pertamina Dumai / Final Dissemination of Covid-19 and Non-Covid-19 Patient Service Flows at Pertamina Dumai Hospital	05/06/2021	7	RSPDm	37
518	Hospital Management: Webinar "Hospital And Covid-19: New Perspective In Hospital Management System"	05/06/2021	5	RSPPbm	1
519	Maintain Our Vision In New Normal	05/06/2021	2	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
520	SDKI, SLKI, dan SIKI Sebagai Standar Asuhan Keperawatan Medikal Bedah di Indonesia / IDHS, SLKI, and SIKI as Medical Surgical Nursing Care Standards in Indonesia	05/06/2021	3	RSPPbm	4
521	Optimal Treatment for Asthma & COPD Management	05/06/2021	2	RSPR	1
522	Peluang dan Tantangan Perawat Honorer Untuk Diangkat Menjadi ASN / Opportunities and Challenges for Honorary Nurses to be Appointed as ASN	06/06/2021	3	RSPPbm	3
523	Ecmo & Post Cardiac Arrest Care	07/06/2021	3	RSPPbm	8
524	Menjaga Daya Tahan Tubuh Lansia di Masa Pandemi Covid-19 / Maintaining the Body Endurance for Elderly During the Covid-19 Pandemic	07/06/2021	3	RSPPbm	1
525	Sehat dan Nyaman dengan Pengobatan ARV / Be Healthy and Comfortable with ARV Treatment	07/06/2021	3	RSPPbm	3
526	Future Perspective of The Hajj Pilgrim's Health Management	08/06/2021	3	RSPPbm	3
527	Achieving Comprehensive Hypertension and Angina Management	08/06/2021	3	RSPR	1
528	Pelatihan 4S1B / 4S1B Training	09/06/2021	2	RSPCI	109
529	Koordinasi Pemanfaatan & Perizinan Unit Pengolah Limbah Medis di Fasilitas Pelayanan Kesehatan / Coordination of Utilization & Licensing of Medical Waste Treatment Units in Healthcare Facilities	09/06/2021	3	RSPPbm	1
530	Lansia Bahagia Bersama Keluarga / Happy Elderly with Family	09/06/2021	3	RSPPbm	2
531	Optimizing Nutrition and Child Development During Pandemic	10/06/2021	4	RSPPbm	1
532	Perlindungan Nakes Dalam Lonjakan Kasus & Varian Baru / Healthcare Workers Protection from New Cases & Variants	10/06/2021	2	RSPPbm	4
533	Sosialisasi Penerbitan Surat Tanda Registrasi Elektronik (E-STR) / Dissemination of the Issuance of Electronic Registration Certificates (E-STR)	10/06/2021	3	RSPPbm	1
534	Program Pengendalian Resistensi Antimikroba (PPRA) / Antimicrobial Resistance Control Program (PPRA)	10/06/2021	2,5	Pertamedika IHC Group	185
535	Training of Trainer Patient Experience Pertamedika IHC Batch 1 Untuk Wilayah Sumatra RS Pelabuhan Palembang / Patient Experience Training of Trainer Pertamedika IHC Batch 1 for Sumatra Region in Palembang Port Hospital	10-11/06/2021	17	RSPPbm	4
536	Manajemen Komunikasi dan Edukasi (MKE) / Communication and Education Management (MKE)	10-11/06/2021	16	RSPB	3
537	Taklim Pekerjaan Budaya AKHLAK / Teachings of AKHLAK Work Culture	11/06/2021	1	RSPPbm	1
538	Deteksi Dini Kanker Serviks & Kanker Payudara / Early Detection of Cervical Cancer & Breast Cance	11/06/2021	1	RSPPbm	3
539	Webinar Tema "Rahasia Menjadikan Coaching Efektif" / Webinar with the Theme "The Secret to Effective Coaching"	11/06/2021	3	RSPT	2
540	Kendala Layanan OHIH di Klinik On Site atau Perusahaan / OHIH Service Constraints at On Site Clinics or Companies	11/06/2021	1	RSPD	3
541	Help, Prevent, and Educate People To Stop HIV/AIDS	12/06/2021	3	RSPPbm	3
542	Implementasi Manajemen Asuhan Keperawatan Dengan Pengembangan Kewenangan Klinis Keperawatan di Masa Covid-19 / Implementation of Nursing Care Management with the Development of Nursing Clinical Authority in the Covid-19 Pandemic	12/06/2021	3	RSPPbm	3
543	World Hypertension Day	12/06/2021	4	RSPPbm	1
544	Diagnosis dan Tata Laksana Covid-19 di Era Varian & Mutasi / Diagnosis and Management of Covid-19 with Its Variants & Mutations	12/06/2021	1	RSPR	1
545	Webinar "Pengadaan Barang dan Jasa" PP No. 12 tahun 2020 / Webinar "Procurement of Goods and Services" PP No. 12 of 2020	12/06/2021	2	Pertamedika IHC	84
546	Webinar "Pengadaan Barang dan Jasa" / Webinar "Procurement of Goods and Services"	12/06/2021	2	Pertamedika IHC Group	52
547	Gangguan Tidur & Terapi Spiritual / Sleep Disorders & Spiritual Therap	14/06/2021	2	RSPPbm	13
548	Jumlah Darah Aman Menyelamatkan Ibu dan Generasi Bangsa / Safe Blood Quantity for Mothers and Future Generations	14/06/2021	3	RSPPbm	2
549	Sosialisasi Standard & Penghitungan Beban Emisi Di Lingkungan PERTAMINA / Dissemination of Standards & Measurements of Emission Loads in PERTAMINA	14/06/2021	8	RSPPbm	1
550	Management Risiko di Rumah Sakit pada Era Pandemi Covid-19 / Risk Management in Hospitals during the Covid-19 Pandemic	14/06/2021	2.5	Pertamedika IHC Group	195
551	Webinar Tema "Management Resiko Di Rumah Sakit Pada Era Pandemi Covid-19" / Webinar with the Theme "Risk Management in Hospitals During the Covid-19 Pandemic"	14/06/2021	4	RSPT	5
552	Webinar Sosialisasi Pengisian GCG Online / Webinar on the Dissemination of GCG Online Filling	14/06/2021	3	RSPT	5
553	Apakah KB Bisa Cegah Stunting / Family Planning to Prevent Stunting	15/06/2021	3	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
554	Hari Donor Darah Sedunia "Jumlah Darah Aman, Menyelamatkan Ibu dan Generasi Bangsa" / World Blood Donor Day "Safe Blood Quantity for Mothers and Future Generations"	15/06/2021	3	RSPPbm	1
555	Penanggulangan Kebakaran & Bencana dan Management Laundry Rumah Sakit Di Era Pandemi Covid-19 / Fire & Disaster Management and Hospital Laundry Management in the Covid-19 Pandemic	15/06/2021	3	Pertamedika IHC Group	177
556	Workshop Aksi Cegah Stunting di Daerah Tertinggal / Workshop on Prevention of Stunting in Underdeveloped Areas	15/06/2021	3	RSPPbm	1
557	Implementasi Kompetensi dan Kewenangan Staf pada Era Pandemi Covid-19 / Implementation of Staff Competence and Authority in the Covid-19 Pandemic	15-16/06/2021	16	RSPB	2
558	Seminar Kesehatan HUT RSUD Siti Fatimah / Health Seminar on Siti Fatimah Regional Hospital's Anniversary	16/06/2021	2	RSPPbm	1
559	Metamorfosis & Ketangguhan Perawat Anestesi / Metamorphosis and Resilience of Nurse Anesthetist	17/06/2021	2	RSPPbm	5
560	Sosialisasi Permenkes Nomor 14 Tahun 2021 / Dissemination of the Ministry of Health Regulation No. 14 of 2021	17/06/2021	8	RSPPbm	1
561	Webinar Tema "Metamorfosis & Perawat Anestesi Tanggunh Bersama 3S di Era Pandemi Covid-19" / Webinar with the Theme "Metamorphosis & Resilience Nurse Anesthetist with 3S in the Covid-19 Pandemic"	17/06/2021	3	RSPT	1
562	Lansia Sehat, Kualitas Hidup Meningkat / Healthy Elderly for Increased Life Quality	18/06/2021	3	RSPPbm	1
563	Taklim Pekerjaan Budaya AKHLAK / Teachings of AKHLAK Work Culture	18/06/2021	1	RSPPbm	3
564	Why You Need Leadership System	18/06/2021	2	RSPPbm	1
565	Webinar Tema "Budaya Ahlak" / Webinar with the Theme "Akhlak Culture"	18/06/2021	2	RSPT	3
566	Webinar Tema "Leader as A Coach"	18/06/2021	3	RSPT	1
567	Edukasi Covid-19 Pertamedika IHC : Mari Perketat Protokol Kesehatan Dengan 6M / Pertamedika IHC Covid-19 Education: Strengthening Health Protocols with 6M	19/06/2021	2	RSPPbm	1
568	Update Acute and Chronic Wound Care Management	19/06/2021	3	RSPPbm	1
569	Webinar Tema "Penatalaksanaan Gizi Buruk pada Balita" / Webinar with the Theme "Management of Malnutrition in Toddlers"	19/06/2021	4	RSPT	1
570	Pelatihan Pertolongan Pertama Gawat Darurat Obstetri dan Neonatal / Obstetrics and Neonatal Emergency First Aid Training	19-25/06/2021	50.5	RSPCI	1
571	Training Online Risk Management For Human Resources	20/06/2021	4	RSPB	1
572	Nutrition During Pregnancy	20/06/2021	2	RSPPbm	1
573	Peningkatan Mutu dan Keselamatan Pasien (PMKP) / Quality and Patient Safety Improvement (PMKP)	21/06/2021	7	Pertamedika IHC Group	258
574	Psychological First Aid & Trauma Healing Bagi Tenaga Kesehatan / Psychological First Aid & Trauma Healing for Healthcare Workers	21/06/2021	2	RSPPbm	3
575	Webinar Tema "Warehouse Management" (Logistik) / Webinar with the Theme "Warehouse Management" (Logistics)	21-22/06/2021	4	RSPT	2
576	Pelatihan Ketrampilan Dasar bagi Perawat Kamar Bedah / Basic Skills Training for Operating Room Nurses	21-29/06/2021	48	RSPT	2
577	Root Cause Analysis (RCA)	22/06/2021	7	Pertamedika IHC Group	246
578	Sobat Milenial Yuks Cegah Stunting / Millennials in Preventing Stunting	22/06/2021	3	RSPPbm	1
579	Menjadi Pimpinan Idola Karyawan / Becoming An Idolized Leader by Employees	23/06/2021	5	RSPB	1
580	Peran Radioterapi pada Tatalaksana Kanker Multidisiplin Serial 1 / The Role of Radiotherapy in Multidisciplinary Cancer Management Serial 1	23/06/2021	3	RSPPbm	3
581	Online Training HR SPV	23-26/06/2021	12	RSPCI	1
582	Kesehatan Ibu dan Anak / Maternal and Child Health	24/06/2021	2	RSPPbm	5
583	Optimalisasi Peran Bidan pada Pelayanan KIA-KB dan KESPRO dalam Mendukung Pelayanan Primer / Optimizing the Role of Midwives in KIA-KB and KESPRO Services in Supporting Primary Services	24/06/2021	3	RSPPbm	1
584	Peran Perawat Anak dalam Optimalisasi Pertumbuhan dan Perkembangan Anak di Masa Pandemi Covid-19 / The Role of Pediatric Nurses in Optimizing Child Growth and Development during the Covid-19 Pandemic	24/06/2021	3	RSPPbm	5
585	Kesehatan Ibu, KB Untuk Cegah Kematian Ibu dan Stunting / Maternal Health, Family Planning to Prevent Maternal Death and Stunting	25/06/2021	3	RSPPbm	1
586	Pelaksanaan Protokol Kesehatan dalam Lingkungan Kerja dan Gangguan Pendengaran Akibat Kebisingan di Lingkungan Kerja / Implementation of Health Protocols in the Work Environment and Hearing Loss Due to Noise in the Work Environment	25/06/2021	2	RSPPbm	3

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
587	Webinar Tema "Teknik Coaching Grow" / Webinar with the Theme "Coaching Grow Techniques"	25/06/2021	3	RSPT	2
588	Peran Perawat Komunitas di Era New Normal / The Role of Community Nurses in the New Norma	26/06/2021	3	RSPPbm	2
589	Rekomendasi Pemberian ASI untuk Anak Oleh Ibu Menyusui yang Terkonfirmasi Covid / Recommendations for Breastfeeding for Children with Covid-infected Mothers	26/06/2021	3	RSPPbm	1
590	Updated Management Approach of Acute Coronary	26/06/2021	3	RSPR	1
591	Webinar Audit Tema "Accountant Transformation in Era Society 5.0 for Millennials Auditor Profession" / Audit Webinar with the Theme "Accountant Transformation in the Era of Society 5.0 for Millennial Auditor Professionals"	26/06/2021	2	RSPT	1
592	Akselerasi Pelayanan Kesehatan Gigi Dan Mulut Dalam Meningkatkan Kapasitas Tetapis Gigi Dan Mulut Di Masa Covid-19 / Acceleration of Dental and Oral Health Services in Increasing Dental and Oral Screening Capacity During the Covid-19 Period	27/06/2021	4	RSPPbm	2
593	Build High-Performing Remote Team	28/06/20221	2	RSPPbm	1
594	Pembimbingan Praktek Klinik & Uji Kompetensi JABFUNG / Clinical Practice Guidance & JABFUNG Competency Test	28/06/20221	2	RSPPbm	2
595	Thyroid Awareness Week 2021	27/06/2021	3	RSPR	1
596	Sosialisasi Proses Migrasi Data MPS RS Pertamedika ke Aplikasi Portal HCGA Pertamedika IHC / Dissemination of Pertamedika Hospital MPS Data Migration Process to Pertamedika IHC HCGA Portal Application	28/06/2021	1	RSPDm	2
597	Webinar Tema "Pasien Safety & Sasaran Keselamatan Pasien Pada Era Pandemi Covid-19 & Failure Mode and Effect Analysis (FMEA)" / Webinar with the Theme "Patient Safety & Patient Safety Goals in the Covid-19 Pandemic & Failure Mode and Effect Analysis (FMEA)"	28/06/2021	6	Pertamedika IHC Group	125
598	Management Laundry pada Pandemic Covid-19 / Laundry Management in the Covid-19 Pandemic	29/06/2021	4	Pertamedika IHC Group	189
599	Digi E-Meetup: How To Keep Your People Motivated, Remotely	29/06/20221	2	RSPPbm	3
600	Pelatihan Sertifikasi Pengelolaan Limbah B3 / Hazardous Waste Management Certification Training	29/06 - 02/07/2021	32	Pertamedika IHC	35
601	Arahan Direktur Utama Sehubungan Dengan Peningkatan Kasus Covid-19 Di Lingkungan Pekerja Pertamedika IHC / Directions from the President Director Regarding the Increase in Covid-19 Cases in the Pertamedika IHC Worker Environment	01/07/2021	1	RSPPbm	1
602	ODGJ: Kelompok Rentan Covid-19 dan Stigmatisasi / ODGJ:Vulnerable Groups for Covid-19 and Stigmatization	01/07/2021	3	RSPPbm	6
603	Webinar Tema"Kupas Tuntas Sertifikasi Bidang MSDM" / Webinar with the Theme "Discussion on HR Management Certification"	01/07/2021	3	RSPT	1
604	Webinar Tema "Arah Direktur Utama sehubungan dengan Peningkatan Kasus Covid-19 di Lingkungan Pekerja PERTAMEDIKA IHC" / Webinar with the Theme "Direction of the President Director in connection with the Increase in Covid-19 Cases in PERTAMEDIKA IHC Worker Environment"	01/07/2021	2	RSPT	5
605	Pemberdayaan Keluarga Dalam Meningkatkan Resiliensi Keluarga Di Era Pandemi / Family Empowerment in Improving Family Resilience in the Pandemic	02/07/2021	3	RSPPbm	3
606	Pelatihan Ketrampilan Dasar bagi Perawat Kamar Bedah / Basic Skills Training for Operating Room Nurses	03-04/07/2021	16	RSPT	2
607	Lansia Berkualitas & Inkontinensia / Quality Elderly & Incontinence	05/07/2021	2	RSPPbm	6
608	Webinar Failure Mode And Effect Analysis (FMEA)	07/07/2021	8	Pertamedika IHC Group	163
609	Wound Care: Healing Process, Assessment & Treatment	08/07/2021	3	RSPPbm	6
610	Pelatihan Agent Of Change RSP Dumai "Transformasi 4SIB" / Agent Of Change of Pertamina Dumai Hospital "Transformation 4SIB" Training	08/07 - 09/07/2021	16	RSPDm	6
611	Pelatihan TOT Patient Experience 4S1B dan Transformasi Biaya / TOT Patient Experience 4S1B Training and Cost Transformation	08-09/07/2021	16	RSPR	7
612	Experience Your Diabet Story	09/07/2021	2	RSPPbm	1
613	How Covid-19 Transforming Recruitment Process	09/07/2021	3	RSPPbm	1
614	Kepemimpinan Selama Pandemi, Bagaimana Mengelola Tim Secara Tepat? / Leadership in the Times of Pandemic, How to Properly Manage Your Team?	09/07/2021	2	RSPPbm	1
615	Diabetes Connecting Summit	10 - 11/07/2021	19	RSPPbm	1
616	Implementasi Model Transformasi Manajemen Menghadapi Perubahan Di Era Pandemi dan Digital / Implementation of the Management Transformation Model in Facing Changes in the Pandemic and Digital Era	10/07/2021	2	RSPPbm	1
617	Intervensi Keperawatan Kompres Hangat, Menggenggam Bola Dan Terapi Bobath Pada Penderita Stroke Di Era Pandemi Covid-19 / Nursing Interventions with Warm Compresses, Holding the Ball and Bobath Therapy for Stroke Patients in the Covid-19 Pandemic	10/07/2021	3	RSPPbm	2
618	Pemulasaran Jenazah Di Luar Fasyankes / Caring for Death Bodies Outside of Healthcare Facilities	11/07/2021	3	RSPPbm	4

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
619	Keperawatan Komplementer & Alternatif / Complementary & Alternative Nursing	12/07/2021	2	RSPPbm	6
620	Regulasi dan Evidence-Based Practice Keperawatan Komolementer dan Alternatif, dan Kompetensi Keperawatan dan Alternatif Pada Praktek Mandiri Perawat. / Regulation and Evidence-Based Practice in Complementary and Alternative Nursing, and Nursing Competencies and Alternatives in Independent Nurse Practice.	12/07/2021	3	RSPPbm	1
621	Sosialisasi Pedoman, IGS & Form Monitoring Vaksin / Dissemination of Guidelines, IGS & Vaccine Monitoring Form	13/07/2021	2	RSPDm	6
622	Sosialisasi Pedoman, IGS, Form Monitoring Vaksin / Dissemination of Guidelines, IGS & Vaccine Monitoring Form	13/07/2021	2	RSPPbm	2
623	Peran Perawat Dan Evidence-Based Dalam Penerapan School Health(Uks)",Dan Penerapan School Health Nursing (UKS) / The Role of Nurses in the Implementation of School Healthcare Facilities (UKS)	15/07/2021	3	RSPPbm	1
624	Perawat & UKS / Nurse & UKS	15/07/2021	2	RSPPbm	6
625	Tips Jual Pesona Tingkatkan Employer Branding / Tips on Improving Employer Branding	15/07/2021	2	RSPPbm	1
626	Isoman Vs Covid-19 / Self-Isolation Vs Covid-19	15/07/2021	2	RSPPbm	2
627	Pelatihan Basic Intensive Care / Basic Intensive Care Training	17/07 - 24/07/2021	64	RSPDm	5
628	Kredensial Perawat: Puskesmas & Rumah Sakit / Nurse Credentials: Health Center & Hospital	19/07/2021	2	RSPPbm	5
629	Webinar Hak Pasien dan Keluarga (HPK) / Webinar on Patient and Family Rights (HPK)	19/07/2021	3	Pertamedika IHC Group	139
630	Perdarahan Spontan Pasien Covid-19 Tantangan Terapi Antikoogulan / Spontaneous Bleeding in Covid-19 Patients The Challenge of Anticoagulant Therapy	21/07/2021	3	RSPPbm	1
631	Navigasi Kepemimpinan Di Masa Krisis / Leadership Navigation in the Times of Crisis	22/07/2021	2	RSPPbm	2
632	Varian Covid-19: Intervensi Kesehatan Dan Keperawatan Komunitas / Covid-19 Variant: Community Nursing and Health Interventions	22/07/2021	2	RSPPbm	3
633	Covid-19 dan Anak-Anak / Covid-19 and Children	23/07/2021	3	RSPPbm	3
634	Peran Perawat Dalam Penatalaksanaan Lesi Kalsifikasi Koroner / The Role of Nurses in the Management of Coronary Calcification Lesions	23/07/2021	3	RSPPbm	1
635	Update On Insulin Management In Diabetes Patient	23/07/2021	3	RSPPbm	2
636	Workshop Pengisian Data Medis Spesialis	23/07/2021	4	RSPR	2
637	Hepatitis Can't Wait	24/07/2021	2	RSPPbm	1
638	Peran Perawat Dalam Penatalaksanaan Lesi Kalsifikasi Koroner / The Role of Nurses in the Management of Coronary Calcification Lesions	24/07/2021	3	RSPPbm	1
639	Terapi Perubahan Perilaku Menggosok Gigi Anak Usia Sekolah Dan Anak Berkebutuhan Khusus / Behavior Change Therapy on Brushing Teeth for School-Age Children and Children with Special Needs	24/07/2021	5	RSPPbm	1
640	Trend, Issue dan Strategi Profesi Keperwatan Di Antara Beban Kerja dan Masalah Etik Profesi / Trends, Issues and Strategies of the Nursing Profession Between Workload and Professional Ethical Issues	24/07/2021	3	RSPPbm	2
641	Update Manajemen Kegawatdaruratan Dalam Pandemi Covid-19 / Update on Emergency Management in the Covid-19 Pandemic	24/07/2021	3	RSPPbm	3
642	Expanding The Role Of Co-Formulation Insulin In T2dm : Expert	25/07/2021	3	RSPPbm	1
643	Keluarga Berencana Keren Untuk Mencegah Stunting / Family Planning to Prevent Stunting	25/07/2021	3	RSPPbm	1
644	Early Warning Score System	26/07/2021	3	RSPPbm	2
645	Tatalaksana Keganasan Payudara / Breast Malignancy Management	26/07/2021	3	RSPPbm	1
646	Investment Risk Rating & Risk Interaction Map	27/07/2021	3	RSPPbm	1
647	Refleksi 1 Tahun Perjalanan AKHLAK / Reflection of 1-Year AKHLAK Implementation	28/07/2021	2	RSPPbm	1
648	Rehabilitasi NAPZA / NAPZA Rehabilitation	29/07/2021	2	RSPPbm	1
649	Pelatihan Pembangunan Rapid Application Menggunakan PHP Maker / Rapid Application Development Training Using PHP Maker	30/07/2021	2	RSPR	1
650	Transformasi Digital Layanan RS Di Masa Pandemi Dengan IHC TELEMED / Digital Transformation of Hospital Services During a Pandemic With IHC TELEMED	31/07/2021	2	RSPPbm	5
651	Strategi Koping Perawat Di Masa Adaptasi Kebiasaan Baru / Nurse Coping Strategies During the New Normal	02/08/2021	3	RSPPbm	1
652	Terapi Modalitas & Latihan Pada Lansia Di Masa Pandemi Covid-19 / Modality Therapy & Exercise for the Elderly During the Covid-19 Pandemic	02/08/2021	3	RSPPbm	6
653	Workshop Pengisian Data Aktifitas Dokter Spesialis Bulan Juni 2021 Pada Sistem Remunerasi Berbasis Kinerja / Workshop on Filling in Specialists' Activity Data in June 2021 on Performance-Based Remuneration System	02/08/2021	3	Pertamedika IHC	65

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
654	Pelatihan Mandatori Pekerja Rspj Ekstensi Asrama Haji / Mandatory Training for Hajj Dormitory Extension RSPJ Workers	02/08/2021	8	RSPJ	29
655	Mental Capacity For Mental Health In Pandemic Era Based On Neuroleadership	04/08/2021	2	RSPPbm	1
656	Asuhan Keperawatan Serangan Jantung & Intervensi Kardiovaskuler / Heart Attack Nursing & Cardiovascular Intervention	05/08/2021	3	RSPPbm	5
657	Peran Radioterapi Pada Tatalaksana Kanker Multidisiplin Serial 2 / The Role of Radiotherapy in Multidisciplinary Cancer Management Series 2	06/08/2021	3	RSPPbm	2
658	Edukasi Kesehatan Gigi Dan Mulut Melalui Teknologi Informasi Dan Komunikasi Secara Online Selama Masa Pandemi Covid-19 / Dental and Oral Health Education Through Information and Communication Technology Online During the Covid-19 Pandemic	08/08/2021	5	RSPPbm	1
659	Edukasi Teknik Penyuntikan Insulin / Insulin Injection Techniques Education	09/08/2021	2	RSPC	14
660	Evaluasi Pengisian Data Kinerja Pekerja Dan Sosialisasi Template Baru Formulir Pengisian Kinerja / Evaluation of Filling in Worker Performance Data and Dissemination of New Template Performance Filling Form	10/08/2021	3	RSPPbm	1
661	Kesehatan Reproduksi Remaja Di Sekolah / Adolescent Reproductive Health at School	12/08/2021	3	RSPPbm	5
662	Kupas Tuntas Menyusui Di Masa Pandemi / Breastfeeding during Pandemic	12/08/2021	3	RSPPbm	1
663	Managing Scale-Up Organization	12/08/2021	2	RSPPbm	1
664	Be Prepared For Better Result In Assessment Center Slas	13/08/2021	3	RSPPbm	1
665	Sharing Session Terkait Reformasi Pengelolaan SDM / Sharing Session on HR Management Reform	13/08/2021	3	RSPPbm	1
666	Leadership Assesment Series "Be Prepared For Better Result In Assesment Center Slas	13/08/2021	4	RSPR	1
667	Workshop Online Art & Strategy Marketing	14/08/2021	10,5		2
668	Leader As Coach	14/08/2021	3	RSPPbm	1
669	Titrasi Obat / Drug Titration	14/08/2021	3	RSPPbm	3
670	Aktivitas Perawat & Peran Keluarga / Nurse Activity & Family Role	16/08/2021	3	RSPPbm	3
671	Pelatihan Aseptic Dispensing / Aseptic Dispensing Training	18/08/2021	2	Pertamedika IHC Group	878
672	Hacking People'S Resistance Towards Chance	18/08/2021	2	RSPPbm	1
673	Seminar BPJS Kesehatan / BPJS Health Seminar	18/08/2021	4	RSPPbm	1
674	Deteksi Dini Kanker Serviks Dan Pengaruh Dengan Penyakit Mulut / Early Detection of Cervical Cancer and Its Effect on Oral Disease	19/08/2021	3	RSPPbm	4
675	Luka Tekan & Intervensi Spiritual Pasien Intensif/Kritis / Pressure Wounds & Intensive/ Critical Patient Spiritual Intervention	19/08/2021	3	RSPPbm	3
676	Merdeka Finansial Karyawannya, Maju Bisnisnya / Financially Independent Employees for Advancing Business	19/08/2021	2	RSPPbm	1
677	Problematika Seputar Kehamilan / Problems About Pregnancy	21/08/2021	3	RSPPbm	2
678	Hotline Edukasi & Konseling Covid-19 / Covid-19 Education & Counseling Hotline	23/08/2021	3	RSPPbm	2
679	Tata Laksana Vaksin Covid-19 Gel 2 / Covid-19 Vaccination Phase 2	23/08/2021	4	RSPPbm	2
680	Vitamin D and Covid-19, An Evidence-Based Review	24/08/2021	2	RSPPbm	1
681	Kelas Online Dokumen Akreditasi Snars Edisi 1.1 / Online Class Snars Accreditation Document Edition 1.1	24 - 25/08/2021	16	RSPPbm	1
682	Tindakan Minimal Invasif Pada Thorax / Minimally Invasive Action on Thorax	25/08/2021	2	RSPPbm	1
683	Tindakan Bedah Minimal Invasif Pada Thorax / Minimally Invasive Surgery on Thorax	25/08/2021	4	RSPR	2
684	Manajemen SDM & Manajer Pelayanan Pasien (MPP) / HR Management & Patient Service Manager (MPP)	26/08/2021	2	RSPPbm	4
685	Pelatihan Pemakaian APAR / Training on Fire Extinguisher Usage	26/08/2021	1	RSPPbm	5
686	Upskill Jurnalistik Praktis Untuk Para Humas RS / Practical Journalism Upskills for Hospital Public Relations	27/08/2021	4	RSPR	4
687	IHC Telemed	28/08/2021	2	RSPPbm	3
688	Stunting, Pola Pengasuhan Bidan, Nutrisi & Stimulasi Pada Saat Pandemik / Stunting, Midwife Parenting Patterns, Nutrition & Stimulation During Pandemic	28/08/2021	5	RSPPbm	3
689	Strategi Menghadapi Covid-19 Pada Kesehatan Ibu Dan Bayi / Strategies for Dealing with Covid-19 on Mother and Baby Health	29/08/2021	11	RSPPbm	3
690	Wound Care: Evidence-Based Practice	30/08/2021	2	RSPPbm	2
691	Ujian Sertifikasi BNSP Online Training HR – SPV / BNSP Online Training HR Certification Exam - SPV	14 - 24/08/2021	18		1
692	Pelatihan Resertifikasi Perawat Dialisis / Dialysis Nurse Recertification Training	19 - 22/08/2021	24	RSPD	2
693	Workshop Lean Management	26 - 28/08/2021	15	Pertamedika IHC Group	113

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
694	Lokakarya Peningkatan Kapasitas Rumah Sakit Swasta Di Provinsi Dki Jakarta / Workshop on Capacity Building for Private Hospitals in DKI Jakarta	30-31/08/2021	16	RSPJ	3
695	Pelatihan Persi Manajer Pelayanan Pasien (MPP Case Manager) / Patient Service Manager Persi Training (MPP Case Manager)	30-31/08/2021	8	RSPPBr	3
696	Baby Spa & Treatment Massage Pada Bayi / Baby Spa & Treatment Massage for Babies	31/07 - 01/08/2021	28	RSPR	2
697	Pelatihan Pencegahan Dan Pengendalian Infeksi (PPI) di Rumah Sakit Pada Era Pandemi Covid-19 / Infection Prevention and Control (PPI) Training in Hospitals During the Covid-19 Pandemic	23- 25/08/2021	18	Pertamedika IHC Group	816
698	Cultivating Sustainable Innovation : Conceps and Practices	01/09/2021	2	RSPPbm	1
699	Webinar "Tips & Trik Akuntansi 5 Detik Menjurnal : Hindari Kesalahan Umum Penjurnalan" / Webinar "5 Seconds Journaling Accounting Tips & Tricks: Avoid Common Journalizing Mistakes"	02/09/2021	2	RSPT	1
700	Approve 2021 Series 4	02/09/2021	2	RSPPbm	1
701	Edukasi Stimulasi dan Skrining Perkembangan Anak Usia 0-2 Tahun / Stimulation Education and Developmental Screening for Children of 0-2 Years Old	02/09/2021	3	RSPPbm	1
702	Lansia: Perawatan Mandiri & Stabilisasi Tekanan Darah / Elderly: Self Care & Blood Pressure Stabilization	02/09/2021	2	RSPPbm	6
703	Manfaat New Born Screening untuk Bayi Baru Lahir / Benefits of New Born Screening	02/09/2021	4	RSPPbm	3
704	Maternal Covid-19	03/09/2021	3	RSPPbm	1
705	Workshop Analisis Beban Kerja & Perencanaan Perawat di RS / Workshop on Workload Analysis & Nurse Planning in Hospitals	03,07,10,14, 17,21/09/2201	42	RSPB	5
706	Isolasi Mandiri Pada Ibu Hamil dengan Covid-19 / Self-Isolation for Pregnant Women with Covid-19	04/09/2021	4	RSPPbm	1
707	Kupas Tuntas Imunisasi Pada Saat Pandemi Covid-19 / Discussion on Immunization During the Covid-19 Pandemic	04/09/2021	3	RSPPbm	5
708	Manajemen Ruang Covid-19/Isolasi & Pelayanan Keperawatan di IGD dalam Masa Pandemi Covid-19 / Covid-19/Isolation Room Management & Nursing Services in the Emergency Room during the Covid-19 Pandemic	04/09/2021	4	RSPPbm	2
709	Menyelami Potensi Sumber Daya Alam untuk Pengobatan di Masa Pandemi / Exploring the Potential of Natural Resources for Medicine during Pandemic	04/09/2021	2	RSPPbm	1
710	Integrasi Latihan Kesiapsiagaan Bencana Berbasis Public Health Nursing / Integration of Public Health Nursing-Based Disaster Preparedness Exercises	05/09/2021	3	RSPPbm	1
711	Update Manajemen Ruang & Pelayanan Keperawatan di Ruang ICU Covid-19 dalam Masa Pandemi Covid-19 / Update on Room Management & Nursing Services in the Covid-19 ICU during the Covid-19 Pandemic	05/09/2021	4	RSPPbm	3
712	Jenjang Karir & Jabatan Fungsional Perawat / Career Path & Functional Position of Nurses	06/09/2021	2	RSPPbm	7
713	Vaksinasi Covid-19 pada Odha / Covid-19 Vaccinations for People with HIV	06/09/2021	2	RSPPbm	3
714	Radio Pathofisiology Covid-19 / Covid-19 Radio Pathophysiology	07/09/2021	2	RSPPbm	2
715	Menavigasi Perubahan Definisi Loyalitas Karyawan Melalui Teknologi / Navigating the Changing Definition of Employee Loyalty Through Technology	08/09/2021	3	RSPB	1
716	Ibu Hamil dan Produksi Asi / Pregnant Mothers and Breast Milk Production	09/09/2021	2	RSPPbm	5
717	Keselamatan Ibu dan Bayi Di Indonesia / Mother and Baby Safety in Indonesia	10/09/2021	4	RSPPbm	1
718	Teknologi untuk UMKM / Technology for MSMEs	10/09/2021	2	RSPPbm	1
719	Strategi Membangun SDM & Pemimpin Unggul / Strategy to Build Excellent Human Resources & Leaders	10/09/2021	3	RSPB	1
720	Workshop Edukasi Teknik Penyuntikan Insulin / Insulin Injection Technique Education Workshop	11/09/2021	3	RSPD	11
721	A Closer Look On Pvp-I How It Solves The Root Cause Of Urti	11/09/2021	2	RSPPbm	1
722	Lindungi Si Kecil dari Bahaya Campak, Gondongan, Rubella dan Cacar Air / Protect Your Little One from the Dangers of Measles, Mumps, Rubella and Chicken Pox	11/09/2021	3	RSPPbm	4
723	Manajemen Bayi Berat Badan Lahir Rendah (BBLR) dengan Kangaroo Care / Management of Low Birth Weight (LBW) Infants with Kangaroo Care	11/09/2021	3	RSPPbm	5
724	Pemberian Insulin Pena dan Penggunaan Jarum Insulin secara Tepat / Provision of Insulin Pens and Correct Use of Insulin Needles	11/09/2021	3	RSPPbm	1
725	Sehat Lahir Batin Pada Praktek Sehari - Hari / Being Physically and Mentally Healthy in Daily Practices	11/09/2021	2	RSPPbm	1
726	Asam Folat Generasi Terbaru, Apa Bedanya dengan Asam Folat Sebelumnya? / The Latest Generation of Folic Acid, How is it Different from the Previous Folic Acid?	12/09/2021	3	RSPPbm	7
727	Manajemen Klinis Pada Abortus Imminens, Kehamilan dan Perencaan Kehamilan / Clinical Management of Imminent Abortion, Pregnancy and Pregnancy Planning	12/09/2021	3	RSPPbm	2
728	Webinar Keperawatan Gadar & Kritis "Penanganan Kegawatan Pendarahaan di Otak / Gadar & Critical Nursing Webinar " Management of Emergency Hemorrhage in the Brain	12/09/2021	8	RSPJ	5

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
729	Manajemen Pasien Trauma Selama Pandemi Covid-19 / Management of Trauma Patients During the Covid-19 Pandemic	13/09/2021	2	RSPPbm	2
730	Anemia Pada Lansia / Anemia in the Elderly	15/09/2021	2	RSPPbm	2
731	Confident Pregnancy dnd Prepared Birthing with Hypnotherapy	15/09/2021	6	RSPPbm	4
732	Aktifitas Fisik Pada Sindrom Post Covid dan Dampak Kelainan Paru pada Post Covid / Physical Activity in Post Covid Syndrome and the Impact of Pulmonary Disorders in Post Covid	16/09/2021	2	RSPPbm	1
733	Aplikasi Sistem Remunerasi / Remuneration System Application	16/09/2021	1	RSPPbm	1
734	Edukasi Karyawan dan Masyarakat / Employee and Community Education	16/09/2021	2	RSPPbm	2
735	Integrasi Etik dalam Pelayanan Kesehatan / Integration of Ethics in Healthcare Services	16/09/2021	3	RSPPbm	3
736	Safe Maternal and Newborn Care	16/09/2021	3	RSPPbm	4
737	Latihan Pembuatan Laporan Keuangan Pertamedika IHC / Pertamedika IHC Financial Statements Preparation Exercise	17/09/2021	3	RSPPbm	1
738	Persalinan Dan Perawatan Ibu Hamil Beserta Bayi Baru Lahir Yang Aman / Safe Delivery and Care for Pregnant Mothers and Newborns	17/09/2021	4	RSPPbm	2
739	Workshop Pembuatan Laporan Keuangan / Financial Statements Preparation Workshop	17/09/2021	4	RSPPbm	
740	Asuhan Kebidanan Komplementer Sebagai Peluang Wirausaha Bagi Bidan / Complementary Midwifery Care as an Entrepreneurial Opportunity for Midwives	18/09/2021	4	RSPPbm	2
741	Konferensi Daring Obstetri Ginekologi Terkini / Latest Obstetrics and Gynecology Online Conference	18/09/2021	4	RSPPbm	2
742	Sehat dan Bugar Bagi Ibu Hamil dan Menyusui dengan Asuhan Kebidanan Holistik / Being Healthy and Fit for Pregnant and Breastfeeding Mothers with Holistic Midwifery Care	18/09/2021	4	RSPPbm	4
743	Waspadai Demam Berdarah Pada Anak / Beware of Dengue Fever in Children	18/09/2021	2	RSPPbm	3
744	Stimulasi Perkembangan & Kondisi Gizi Anak Di Masa Pandemi Covid-19 / Stimulation of Children's Development & Nutritional Conditions During the Covid-19 Pandemic	20/09/2021	3	RSPPbm	2
745	Pertemuan Kegiatan Surveilans Ibu,Anak,Dan Amp ,Surveilans Response/Autopsi Verbal Kematian Ibu Dan Bayi. / Meeting of Mother, Child, and Amp Surveillance Activities, Surveillance Response/Verbal Autopsy of Maternal and Infant Mortality.	22/09/2021	7	RSPPbm	1
746	Akreditasi RS & Klinik / Hospital & Clinic Accreditation	23/09/2021	3	RSPPbm	3
747	Building Community Resilience : Overcoming Immunity Issues Towards Covid-19 Pandemic	23/09/2021	6	RSPPbm	1
748	Hematology Sysmex Laboratorium Klinik Pramita / Hematology Sysmex Laboratory on Pramita Clinic	24/09/2021	4	RSPPbm	1
749	Mengenal Gangguan Konsentrasi Pada Anak / Being Aware on Child Concentration Disorder	25/09/2021	3	RSPPbm	1
750	Optimalisasi Peran Bidan Pada Pelayanan KIA dan KIB dan Kesehatan Reproduksi dalam Mendukung Pelayanan Primer / Optimizing the Role of Midwives in MCH and Reproductive Health to Support Primary Services	25/09/2021	3	RSPPbm	3
751	Penguatan Keperawatan Kronis Sebagai Keunggualn Program Studi Sarjana Keperawatan Peluang dan Tantangan Bagi Perawat Indonesia / Strengthening Chronic Nursing as an Advantage of the Undergraduate Nursing Study Program Opportunities and Challenges for Indonesian Nurses	25/09/2021	2	RSPPbm	1
752	Peran Bidan Pada Pelayanan KIA - KIB dan Kesehatan Reproduksi / The Role of Midwives in MCH and Reproductive Health Services	25/09/2021	5	RSPPbm	1
753	Remaja Berprestasi Bebas Anemia Pada Masa Pandemi Covid-19 / Anemia-Free Adolescents in the Covid-19 Pandemic	26/09/2021	5	RSPPbm	1
754	Early Warning System (EWS) Pada Maternal Alur dan Regulasi Rujukan Maternal / Early Warning System (EWS) on Maternal Flow and Regulation of Maternal Reference	27/09/2021	4	RSPPbm	1
755	Emotional Freedom Technique & Reduksi Stres / Emotional Freedom Technique & Stress Reduction	27/09/2021	2	RSPPbm	2
756	Kelas Pajak Tindak Lanjut Konfirmasi Data Anomali Insentif Pen / Tax Class on the Follow-up Confirmation of Penal Incentive Anomaly Data	28/09/2021	2	RSPPbm	1
757	DIGIHR E-Meetup: The Secret To Hiring, Retaining and Growing Top Talent	29/09/2021	2	RSPPbm	2
758	Microlearning: A Solution for Modern Learners	29/09/2021	2	RSPPbm	3
759	Pentingnya Peranan Edukasi Penggunaan Kontrasepsi untuk Mendukung Revitalisasi Program KB di Indonesia / The Importance of the Role of Contraceptive Use Education to Support the Revitalization of the Family Planning Program in Indonesia	29/09/2021	4	RSPPbm	2
760	The Secret to Hiring, Retaining, and Growing Top Talent	29/09/2021	2	RSPPbm	1
761	Badai Sitokin & Kebutuhan Psikososial Lansia / Cytokine Storm & Elderly Psychosocial Needs	30/09/2021	2	RSPPbm	1
762	Strategi CSSD Meningkatkan Perannya dalam Pencegahan dan Pengendalian Infeksi RS di Masa Pandemi Covid – 19 / CSSD Strategy and Improving Its Role in Prevention and Control of Hospital Infections During the Covid-19 Pandemic	07-08/09/2021	14	RSPB	1
763	Webinar Pengembangan Klinik Tematik / Thematic Clinic Development Webinar	18/09/2021	2	Pertamedika IHC Group	99

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
764	Lean Management	18/09/2021	6	Pertamedika IHC Group	173
765	Pelatihan Sertifikasi Hiperkes Dokter / Certification Training of Hiperkes Physicians	06-11/09/2021	48	Pertamedika IHC Group	36
766	Training Providers And Refreshment Secondary Level (Hospital) Riau Province	20 - 22/09/2021	6	RSPD	7
767	Pelatihan Klaim JKN & Covid-19 / JKN & Covid-19 Claim Training	24 - 26/09/2021	24	RSPC	1
768	Forum Knowledge Management "Sosialisasi IHC Audit Charter" / Knowledge Management Forum "Dissemination of IHC Audit Charter"	24/09/2021	1	Pertamedika IHC	258
769	Webinar "How to Deal with Issues and Hoaxes"	24/09/2021	3	RSPT	1
770	Webinar Manajemen Nyeri / Pain Management Webinar	21/09/2021	2,5	Pertamedika IHC Group	298
771	Manajemen Instalasi Pemeliharaan Sarana Rumah Sakit / Hospital Facility Maintenance Installation Management"	22-23/09/2021	14	RSPB	2
772	Seminar Nasional Klaim Jkn & Covid-19 / National Seminar on Jkn & Covid-19 Claims	24-26/09/2021	8	RSPPBr	1
773	Workshop Online Analisis Beban Kerja & Perencanaan Perawat di Rumah Sakit Batch 6 / Workload Analysis & Nurse Planning in Hospital Online Workshop Batch 6	3,7,10,14, 17/09/2021	8	RSPJ	82
774	Workshop Online Metode Evaluasi Produktivitas Perawat di Rumah Sakit Berbasis KPI Unit / Online Workshop on Nurse Productivity Evaluation Methods in Hospitals Based on KPI Units	4,7,11,14/09/2021	8	Pertamedika IHC	172
775	Webinar "Sosialisasi & Pengisian Aplikasi Wajib Lapor Ketenagakerjaan Di Perusahaan Secara Online" / Webinar "Dissemination & Compulsory Application for Employment Reporting in Companies Online"	8 - 10/09/ 2021	24	RSPT	1
776	Lokakarya Penguatan Fasilitas Kesehatan RTL Swasta Tingkat Kab/Kota Prov Jabar / Workshop on Strengthening Private RTL Healthcare Facilities at the District/City Level of West Java	8 - 9/09/2021	16	RSPC	3
777	Webinar Gizi "Remaja Berprestasi Bebas Anemia Pada Masa Pandemi Covid-19" / Nutrition Webinar " Anemia-Free Adolescents During the Covid-19 Pandemic"	25/09/2021	8	RSPC	2
778	Training ESQ New Chapter	25 - 26 /09/2021	5	RSPT	1
779	Pelatihan Khusus "Manajemen Pemulasaran Jenazah" / Special Training "Dead Body Care Management"	27-29/09/2021	14	RSPB	2
780	Pelatihan Implementasi ERP Berbasis Odoo Di Lingkungan Pertamedika IHC / Odoo-Based ERP Implementation Training in Pertamedika IHC	27/09 – 01/10/2021	45	Pertamedika IHC	33
781	Fundamentals Of Human Resource Management	28/08 - 02/09/2021	16	RSPJ	1
782	Workshop Strengthening Monitoring System on Antimocrobial	28 - 29/09/2021	16	RSPC	1
783	Kegiatan Ilmiah Insulin Sanofi Indonesia / Scientific Activities of Sanofi Indonesia's Insulin	28/09/2021	8	RSPJ	1
784	Pelatihan Basic Trauma & Cardiac Life Support / Basic Trauma & Cardiac Life Support Training	29/09 - 03/10/021	36,5	RSPCI	25
785	Webinar "Program Nasional Directly Observed Treatment Shortcourse (DOTS)"	30/09/2021	2,5	Pertamedika IHC Group	271
786	UU Cipta Kerja, PP No. 35/2021: Pembahasan dan Penerapan di Perusahaan / Employment Creation Law, PP No. 35/2021: Discussion and Implementation in Companies	30/09/2021	3	RSPPbm	2
787	Updating Manajemen Mutu Keselamatan Pasien Bidang Maternal / Updating Quality Management for Maternal Patient Safety	01/10/2021	4	RSPPbm	1
788	Peran Pemerintah dalam Preventif Ca Cervix / The Government's Role in Preventive Cervical Ca	02/10/2021	4	RSPPbm	1
789	Pelatihan Power Builder Web & Mobile Deployment / Power Builder Web & Mobile Deployment Training	01-03/10/2021	24	RSPB	1
790	Manajemen Stres & Peran Perawat Komunitas di Masa Pandemi Covid-19 / Stress Management & the Role of Community Nurses During the Covid-19 Pandemic	04/10/2021	3	RSPPbm	1
791	Workshop Pelayanan TBC di Faskes Tingkat Lanjut / TBC Service Workshop at Advanced Healthcare Facilities	05/10/2021	4,5	RSPCI	4
792	Waspadai Stroke pada Usia Produktif / Awareness on Stoke a Productive Age	06/10/2021	3	RSPPbm	3
793	Asuhan Keperawatan Gawat Darurat / Emergency Nursing Care	07/10/2021	3	RSPPbm	1
794	The Role of DOAC in SPAF and VTE Management	07/10/2021	3	RSPR	2
795	Webinar "Etika Pelayanan Kesehatan dan Pencegahan Kecurangan" / Webinar "Ethics of Health Services and Fraud Prevention"	07/10/2021	2	RSPC	1
796	Peran Organisasi Profesi dan Asosiasi Pendidikan / The Role of Professional Organizations and Educational Associations	08/10/2021	5	RSPPbm	1
797	Webinar "Sosialisasi & Bimbingan Teknis Pengisian Wajib Lapor Ketenagakerjaan di Perusahaan dalam Jaringan (WLKP Online) / Webinar "Dissemination & Technical Guidance on Compulsory Employment Report Filling in Networked Companies (WLKP Online)	08/10/2021	8	RSPD	1
798	Management of Uterun Contactions According to The Stage Preventing Miscariage in The Pregnancy Period And Bleeding in The Post Partum Period	09/10/2021	5	RSPPbm	1

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
799	Akuntansi Aset sesuai PSAK 16, PSAK 48, PSAK 58, PSAK 14, ISAK 9, & ISAK 11 / Accounting for Assets in accordance with PSAK 16, PSAK 48, PSAK 58, PSAK 14, ISAK 9, & ISAK 11	09/10/2021	3	RSPT	1
800	Workshop Manajemen Kinerja Keperawatan / Workshop on Nursing Performance Management	9 - 10/10/2021	6	RSPD	20
801	Workshop Manajemen Kinerja Keperawatan / Workshop on Nursing Performance Management	09-10/10/2021	16	RSPB	14
802	Pelatihan dan Bimbingan Teknis HR-Manager / HR-Manager Technical Training and Guidance	10,17,24,31 /10/2021	16	RSPB	1
803	Kelas Edukasi Menyusui Nasional / National Breastfeeding Education Class	10/10/2021	5	RSPPbm	3
804	Spiritual dalam Keperawatan / Spirituality in Nursing	11/10/2021	3	RSPPbm	1
805	Pelatihan Executive Development / Executive Development Training	11/10/2021	8	RSPC	1
806	Penyusunan Rencana Kebutuhan Alat dan Alokon dan Sarana Penunjang Pelayanan KB di Fasilitas Kesehatan Kota Prabumulih / Preparation of the Plan for the Need for Contraception and other Supporting Facilities for Family Planning Services in Prabumulih Healthcare Facilities	12/10/2021	6	RSPPbm	1
807	Pelatihan Tingkat dasar panduan Membuat Pelayanan Geriatri / Basic Level Training Guide to Making Geriatric Services	12-14/10/2021	16	RSPB	3
808	Leading Through Pandemic Recovery: Sustaining Learning & Innovation	13/10/2021	2	RSPPbm	2
809	Peran Radiotherapi Pada Tatalaksana Kanker Multidisiplin Serial 3 / The Role of Radiotherapy in Multidisciplinary Cancer Management Series 3	13/10/2021	3	RSPPbm	3
810	Current Gastric Cancer Management	13/10/2021	3	RSPR	1
811	Workshop Desiminasi Informasi SDM Kesehatan Tingkat Provinsi / Provincial Level Health HR Information Dissemination Workshop	14/10/2021	7	RSPCI	1
812	Konsep Dasar BBLR / LBW Basic Concepts	15/10/2021	4	RSPPbm	1
813	Penyusunan Strategi Marketing Komunikasi Terintegrasi / Development of Integrated Communication Marketing Strategy	15/10/2021	4	RSPR	1
814	Effective Onboarding for Millennial Workforce	15/10/2021	3	RSPT	1
815	Pelatihan Presentation for Branding dan Pembuatan Grafik sebagai Media Infografis RSPCL / Training of Presentation for Branding and Graphic Creation as Infographic Media RSPCL	16/10/2021	2	RSPCI	49
816	Baby Blues Syndrome : Is It a Serious Problem?	17/10/2021	3	RSPPbm	1
817	Manajemen Klinis Pada Abortus Iminenens dan Perencanaan Kehamilan / Clinical Management of Imminent Abortion and Pregnancy Planning	17/10/2021	5	RSPPbm	1
818	Tantangan dan Strategi Bidan dalam Menurunkan Resiko Angka Kematian Ibu dan Bayi di Masa Pandemi Covid-19 / Challenges and Strategies of Midwives in Reducing the Risk of Maternal and Infant Mortality Rates during the Covid-19 Pandemic	17/10/2021	2	RSPPbm	4
819	Sosialisasi Ukomnas Retaker Periode 2 / Dissemination of National Competency Test of Retakers Period 2	18/10/2021	3	RSPPbm	1
820	HIMSS21 "APAC Health Conference & Exhibition"	18-19/10/2021	16	RSPR	2
821	Webinar " Healthcare Information Management System Society"	18-19/10/2021	16	RSPC	2
822	Coaching Clinic Digital Signature Perisai/Peruri)	19/10/2021	2	RSPPbm	1
823	Menjaga Produktifitas Pegawai di Tengah Masa Transisi Ppkm / Maintaining Employee Productivity during Public Restriction	19/10/2021	2	RSPPbm	1
824	Analisa Beban Kerja & Perencanaan Perawat di Rumah Sakit / Nurse Planning & Workload Analysis in Hospitals	19,22,26,29/11 & 02,05/11/2021	16	RSPT	2
825	Covid-19 Pada Ibu Hamil / Covid-19 in Pregnant Women	21/10/2021	3	RSPPbm	3
826	Membangun Pelayanan Spine yang Menyeluruh dan Paripurna / Building a Thorough and Complete Spine Service	21/10/2021	3	RSPPbm	4
827	Deteksi Dini Kanker Payudara / Early Detection of Breast Cancer	22/10/2021	4	RSPPbm	1
828	Ibu Sehat Tangguh dan Bahagia Di Masa Pandemi / Healthy, Happy, and Strong Mothers during Pandemic	23/10/2021	5	RSPPbm	1
829	Pelatihan Manajer Keuangan dan Akuntasi Rumah Sakit Angkatan XIX / Hospital Finance and Accounting Manager Training Class XIX	25-27/10/2021	21	RSPB	1
830	Pelatihan Certified Recruitment & Selection Profesional (CRSP) / Certified Recruitment & Selection Professional (CRSP) Training	25-27/10/2021	9	RSPCI	2
831	Deteksi Dini, Pencegahan dan Penatalaksanaan Pre-Eklampsia Terkini / Early Detection, Prevention and Management of Pre-Eclampsia Current	26/10/2021	3	RSPPbm	2
832	Workshop BPRSP Provinsi Sumatera Selatan dengan RS Se Provinsi Sumsel / Workshop BPRSP South Sumatra Province with Hospitals throughout the Province of South Sumatra	26/10/2021	4	RSPPbm	1
833	Webinar "Vaksinasi Pneumonia Saat Pandemi Covid-19" / Webinar "Pneumonia Vaccination During the Covid-19 Pandemic"	26/10/2021	2	RSPC	4
834	Teknik Penyuntikan Insulin Batch 9 / Insulin Injection Technique Batch 9	27/10/2021	2	RSPR	2

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
835	Pelatihan IHT II Crosscheck TB Metode LQAS / IHT II Crosscheck TB Training LQAS Method	27-29/10/2021	16,5	RSPCI	1
836	Indonesia Investalk Bulan Inklusi Keuangan 2021 / Indonesia Investalk, Financial Inclusion Month 2021	28/10/2021	3	RSPPbm	1
837	Rhinitis Alergi / Allergic Rhinitis	28/10/2021	2	RSPPbm	1
838	Sosialisasi Undang-Undang Harmonisasi Peraturan Perpajakan / Dissemination of the Law on the Harmonization of Tax Regulations	29/10/2021	3	RSPPbm	1
839	Etik Keperawatan Malpraktik Etik & Bermedia Sosial / Nursing Ethics in Malpractice & Using Social Media	01/11/2021	4	RSPPbm	1
840	Seminar Keperawatan Gawat Darurat / Emergency Nursing Seminar	01/11/2021	2	RSPPbm	1
841	Pengembangan dan Penerapan GCG di PT PBM IHC dan AP / Development and Implementation of GCG at PT PBM IHC and Subsidiaries	02/11/2021	3	RSPPbm	1
842	Virtual Tresure the New Normal Metode Pemantauan RS	02/11/2021	8	RSPB	6
843	Sharing Session Pengembangan Dan Penerapan GCG / Sharing Session on GCG Development and Implementation	02/11/2021	3	RSPR	3
844	Sharing Session Pengembangan dan penerapan GCG dari Fungsi Compliance PT. Pertamina (Persero) / Sharing Session on GCG Development and Implementation from the Compliance Function of PT. Pertamina (Persero)	02/11/2021	3	RSPD	4
845	Pelatihan Pengembangan Aplikasi Berbasis Android / Android-Based Application Development Training	02/11/2021	8	RSPJ	1
846	Kelas Online Strategi Implementasi Peningkatan Mutu Pelayanan RS dan Analisis Data Dalam Standar Akreditasi Rumah Sakit / Online Class Strategy for Implementation of Hospital Service Quality Improvement and Data Analysis in Hospital Accreditation Standards	02- 03/11/2021	16	RSPJ	2
847	Webinar "Workshop PSAK Terkini" / Webinar "Workshop on the Latest PSAK"	03/11/2021	3	RSPD	1
848	Sistem Imun Dan Vaksinasi Serta Optimalisasi Peran Bidan dalam Pelayanan Primer di Masa New Normal / Immune System and Vaccination and Optimizing the Role of Midwives in Primary Care in the New Normal Period	04/11/2021	4	RSPPbm	1
849	Edukasi Pemberian ASI di Rumah Sakit / Breastfeeding Education in Hospitals	05/11/2021	3	RSPPbm	1
850	Pelatihan Manajer Pelayanan Pasien (Case Manager) / Patient Care Manager (Case Manager) Training	09 - 10/11/2021	16	RSPJ	1
851	Pelatihan Hazard Identification, Risk Assessment, and Determining Control / Hazard Identification, Risk Assessment, and Determining Control Training	10-11/11/2021	8	RSPD	1
852	Becoming Shining Bright Women Leader in Competitive Working Ecosystem	10/11/2021	2	RSPPbm	1
853	Pendidikan Pelatihan Pertolongan dan Pencegahan Kebakaran / Fire Relief and Prevention Training and Education	11/11/2021	8	RSPCI	1
854	Seminar Nasional Medicolegal di Era Digital / National Seminar: Medicolegal in the Digital Age	11/11/2021	4	RSPPbm	1
855	Askep Gadar: Fraktur Dan Vulnus Punctum / Emergency Nursing Care: Fractures and Vulnus Punctum	12/11/2021	3	RSPPbm	1
856	Penerapan Standar Pelayanan Minimal Bidang Kesehatan Reproduksi Dari Sudut Pandang Hugi / Implementation of Minimum Service Standards in the Reproductive Health Sector From Hugi's Point of View	12/11/2021	5	RSPPbm	1
857	Peranan Mouthwash Untuk Pencegahan Gejala Tonsilitis Dan Post Tonsilektomi / The Role of Mouthwash for the Prevention of Tonsillitis and Post Tonsillectomy Symptoms	12/11/2021	3	RSPPbm	2
858	Tetap Waspada dan Saling Jaga Hadapi Psca Kedua Gelombang Covid-19 / Staying Alert and Taking Care of Each Other in Facing the Two Waves of Covid-19	12/11/2021	3	RSPPbm	1
859	Webinar "Tantangan Penerapan K3 Bagi Tenaga Kerja Muda & Perempuan disektor Informal" / Webinar "Challenges of OHS Implementation for Young & Female Employees in the Informal Sector	12/11/2021	5	RSPD	1
860	Webinar "Develop Future Skill"	12/11/2021	3	RSPD	1
861	Etika Profesi dalam Kolaborasi Rujukan Bidan dan OBGIN di Rumah Sakit / Professional Ethics in Collaboration of Midwife and OB/GYN Referrals in Hospitals	13/11/2021	5	RSPPbm	1
862	Pelayanan Perinatal di Masa Pandemi Covid-19 di Indonesia : Apa yang Kita Pelajari dan Keberlanjutannya / Perinatal Services during the Covid-19 Pandemic in Indonesia: What Have We Learnt and Its Progress	15-16/11/2021	16	RSPB	3
863	Edukasi Menyusui untuk Ibu Bekerja / Breastfeeding Education for Working Mothers	16/11/2021	3	RSPPbm	1
864	Transformasi Media Digital, Implikasi dan Antisipasi Era New Normal dalam Mencerdaskan Bangsa / Digital Media Transformation, Implications and Anticipation of the New Normal Era in Educating the Nation	16/11/2021	3	RSPPbm	2
865	Waspada Low Back Pain, Bagaimana Penanganan Non Operatif Nya / Beware of Low Back Pain, How to Handle it Without Surgery	16/11/2021	3	RSPPbm	1
866	Kelas Online implementasi Kompetensi dan Kewenangan Staf (KKS) pada Era pandemi Covid-19 / Online Class on the implementation of Staff Competence and Authority (KKS) in the Covud-19 Pandemic	16-17/11/2021	16	RSPB	1
867	Implementasi KKS dimasa Pandemic Covid-19 / KKS Implementation in the Covid-19 Pandemic	16-17/11/2021	16	RSPB	3

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
868	In House Pelatihan Perawatan Luka Bagi Perawat / In House Training on Wound Care for Nurses	16 - 19/11/2021	16	RSPJ	104
869	DIGIHR E-MEETUP: Incentive Strategy to Build Learning Culture	17/11/2021	1,5	RSPPbm	1
870	Incentive Strategy to Build Learning Culture (Strategi Insentif Membangun Budaya Belajar)	17/11/2021	2	RSPPbm	1
871	Webinar "Dialog Satu Tahun Omnibus Law UU Cipta Kerja" / Webinar "One Year Dialogue on the Omnibus Law on Job Creation"	17/11/2021	4	RSPD	1
872	Sosialisasi Tertib Administrasi dan Gathering Perusahaan Peserta BPJS Ketenagakerjaan Cabang Prabumulih / Dissemination of Orderly Administration and Gathering of BPJS Employment Participants in Prabumulih Branch	18/11/2021	6	RSPPbm	1
873	Workshop Online Perhitungan Unit Cost (ABC) / Online Workshop on Unit Cost (Activity-Based Costing/ABC) Calculation	18 - 20/11/2021	20	RSPCI	5
874	Pencegahan dan Pengendalian HIV AIDS	19/11/2021	3	RSPPbm	1
875	Webinar "Building Professional Personal Branding" / HIV AIDS Prevention and Control	19/11/2021	3	RSPD	1
876	Pelatihan 4S1B (Patient Experience) / 4S1B (Patient Experience) Training	22 - 30/11/2021	10	RSPJ	113
877	Kelas Online Peran Dokter Penanggung Jawab Pelayanan (DPJP), Perawatan Penanggung Jawab Asuhan(PPJA) dan Profesional Pemberi Asuhan (PPA) Lainnya dalm Implementasi Standar Akreditasi RS / Online Class on The Role of Doctors in Charge of Service (DPJP), Care in Charge of Care (PPJA) and Other Caregiver Professionals (PPA) in the Implementation of Hospital Accreditation Standards	23-24/11/2021	16	RSPB	1
878	Peran Silikon dalam Penanganan Bekas Luka / The Role of Silicone in Scar Treatment	24/11/2021	3	RSPPbm	1
879	Peran Silikon dalam Penanganan Bekas Luka / The Role of Silicone in Scar Treatment	24/11/2021	3	RSPPbm	1
880	International Webinar "Social Protection In The Face Of Digitalization And Economic Uncertainties"	25/11/2021	8	RSPC	1
881	Indonesia Human Capital Digital Conference 2021	25/11/2021	8	RSPPbm	1
882	Anemi Pada Ibu Hamil: Pengaruhnya Pada Kehamilan, Persalinan, dan Tumbuh Kembang Janin / Anemia in Pregnant Mothers: Its Effect on Pregnancy, Childbirth, and Fetal Development	26/11/2021	2	RSPPbm	1
883	Overthingking & Mindfulness	26/11/2021	3	RSPPbm	1
884	Pengelolaan Health Safety Security & Environmental (HSSE) Dilingkungan PT Pertamina Akan Dilaksanakan Program/Survei Budaya HSSE Tahun 2021 Di Pertamedika IHC / Management of Health Safety Security & Environmental (HSSE) within PT Pertamina on the Implementation of the 2021 HSSE Cultural Survey/Program at Pertamedika IHC	26/11/2021	2	RSPPbm	1
885	Opening Meeting Survei Budaya HSSE PBM IHC thn 2021& pekerja Terpilih Survey Budaya HSSE / Opening Meeting of HSSE PBM IHC Cultural Survey & Selected Workers for HSSE Cultural Survey in 2021	26/11/2021	3	RSPR	6
886	Episode 1 & 2 : Pengelolaan Keperawatan Berbasis Riset di Masa Pandemi Covid-19 / Episodes 1 & 2: Research-Based Nursing Management during the Covid-19 Pandemic	27-28/11/2021	16	RSPB	24
887	Workshop Manajemen Risiko Di Fasyankes / Workshop on Risk Management at Healthcare Facilities	29-30/11/2021	16	RSPB	4
888	Pelatihan Sertifikasi ICU Dasar Batch 2 / Basic ICU Certification Training Batch 2	29/11 - 03/12/2021	40	Pertamedika IHC	32
889	Workshop & Simposium PABI XVII / PABI XVII Workshop & Symposium	29/11 - 03/12/2021	32	RSPJ	1
890	IHT "Prosedur Kesehatan & Keselamatan Kerja Bagi Staff Radiologi di Unit Radiologi" / IHT "Occupational Health & Safety Procedures for Radiology Staff in Radiology Unit"	30/11/2021	8	RSPC	5
891	Webinar RASPRO TOP ARTS "Technical & Objective Planning On Antimicrobial Round Table Simulation"	30/11/2021	8	RSPC	2
892	Aktivasi Akun Digital Signature Perisai / Perisai Digital Signature Account Activation	29/11/2021	5	RSPPbm	1
893	Webinar "Mencegah Fraud & Kerugian Perusahaan melalui Metode Forensik" / Webinar "Preventing Fraud & Company Loss through Forensic Methods"	30/11/2021	3	RSPD	1
894	Pelatihan Asesor / Assessor Training	02 - 03/12/2021	7	Pertamedika IHC Group	75
895	Peran dan Strategi Humas di Era Digital / The Role and Strategy of Public Relations in the Digital Age	04/12/2021	8	RSPPbm	1
896	Pelatihan Manajemen Kamar Bedah dalam Bidan dan Kedokteran Gigi / Operating Room Management Training in Midwifery and Dentistry	05/12/2021	7	RSPTr	1
897	One Solution System (OSS)	05 - 17/12/2021	56	RSPTr	1
898	Workshop Virtual Implementasi Etik dan Disiplin Profesi Keperawatan / Virtual Workshop on the Implementation of Nursing Professional Ethics and Discipline	06 - 07/12/2021	16	RSPB	7
899	Technical AC Panasonic	07 - 08/12/2021	16	RSPB	3
900	Membangun Budaya Anti Korupsi Lingkungan Perusahaan / Building Anti-Corruption Culture at the Company	08/12/2021	4	RSPR	7

PELATIHAN MEDIS DAN NON MEDIS PENYELENGGARA KORPORAT / MEDICAL AND NON MEDICAL TRAININGS BY CORPORATE

No	Judul Pelatihan / Training Title	Tanggal / Date	Jam Pelatihan / Training Hours	Unit	Jumlah Peserta / Total Participants
901	Uptade on Endometriosis and AUB Management	08/12/2021	3	RSPR	2
902	How to Appraise Employee in the Pandemic Era	09/12/2021	2	RSPPbm	1
903	Peran Moisturizer pada Tata Laksana Dermatitis Atopik / The Role of Moisturizers in the Management of Atopic Dermatitis	09/12/2021	3	RSPPbm	1
904	Cacar Api (Herpes Zoster) Samakah Dengan Cacar Air Biasa? / Shingles (Herpes Zoster), Is It the Same as Chicken Pox?	10/12/2021	2	RSPPbm	1
905	Workshop Basic & Easy Photography PBM IHC	10/12/2021	3	RSPR	2
906	Kesehatan Anak di Masa Bencana / Child Health in the Times of Disaster	11/12/2021	4	RSPPbm	1
907	Pelatihan Penggunaan One Solution System (OSS) Pekerja RSP Royal Biringkanaya / One Solution System (OSS) Usage Training for Royal Biringkanaya Pertamina Hospital	13 - 17/12/2021	24	Pertamedika iHC	16
908	In House Training Komite Medik bagi Rumah Sakit / In House Training of Hospital Medical Committee	14 - 29/12/2021		RSPJ	5
909	Good Strategy Is Important, Good Execution Is Critical	15/12/2021	2	RSPPbm	1
910	In House Training (IHT) Komite Medik PERSI Wilayah Jawa Barat / In House Training (IHT) of West Java PERSI Medical Committee	15,22,29/12/2021	24	RSPB	15
911	Webinar "Kenali Gejala Tumor Payudara" / Webinar "Knowing the Symptoms of Tumor"	16/12/2021	2	RSPD	9
912	Ngobrol Penuh Inspirasi "Manners at Work" / Inspiring Talk "Manners at Work"	17/12/2021	3	Pertamedika IHC Group	498
913	PERTAMEDIKA IHC Risk Management Forum (PRMF)	20/12/2021	4	Pertamedika iHC	93
914	Concept Testing Discussion secara Daring / Onleine Concept Testing Discussion	20/12/2021	8	RSPJ	1
915	Upskilling "Leader as Coach Batch"	2 & 23/12/2022	3	Pertamedika IHC Group	552
916	Pelatihan APAR, BHD, SKP dan Hand Hygiene / Fire Extinguisher, Basic Life Support, SKP, and Hand Hygiene Training	22 - 24/12/2021	2,5	RSPPlj	277
917	UU Omnibus Law 2020 & Harmonisasi Peraturan Perpajakan 2021 / 2020 Omnibus Law & 2021 Taxation Law Harmonization	23/12/2021	6	RSPPbm	1
918	Workshop Perpajakan Sehari / One-Day Taxation Workshop	23/12/2021	8	RSPR	51
919	Workshop and Reconciliation Revenue Cost, ARAP, CF & Taxation	23 - 24/12/2021	16	RSPJ	3
920	Taxation	23 - 24/12/2021	14	RSPTr	2
921	Resertifikasi Pelatihan Dialisis / Dialysis Training Recertification	23 & 26/12/2021	16	RSPB	6
922	Sharia Economic And Finance Outlook 2022: Making Indonesia as The Center of The World Sharia Economy	24/12/2021	2	RSPPbm	1
923	The TOEIC Official Learning and Preparation Course (TOLPC)	12/2021 – 03/2022	3 bulan / months	Pertamedika IHC Group	60
Jumlah Peserta / Total Participants					**11.518**

BIAYA PELATIHAN

Perseroan mengeluarkan biaya sebesar Rp3.38 miliar atau 51,2% dari anggaran sebesar Rp6.61 miliar untuk kegiatan pengembangan kompetensi pegawai, yang mana jumlah tersebut tercatat meningkat 184 % dari biaya pengembangan kompetensi tahun 2020 sebesar Rp1,83 miliar. Peningkatan ini terjadi karena kegiatan pengembangan yang dilakukan di tahun 2021 sudah dapat beradaptasi dengan sistem yang dilaksanakan secara *offline* maupun *online* mengikuti perkembangan pandemi yang terjadi sejak tahun 2020.

TRAINING COST

The Company spent Rp3,38 billion or an absorption of 51.2% of the Rp6,61 billion budget in 2021 for employee competency development activities. This was an increase of 184% from competency development costs in 2020 at Rp1.83 billion. This decrease was because the development activities carried out in 2021 has been adapted to both online and offline implementation in accordance with the progress of the pandemic since 2020.

TEKNOLOGI INFORMASI

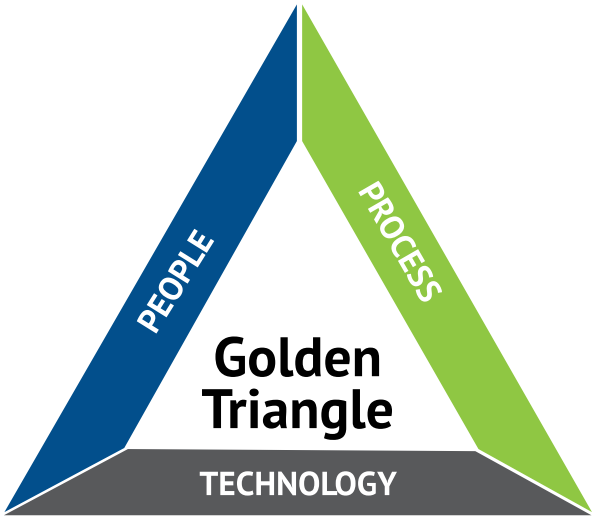
Information Technology

Selaras dengan visi Perusahaan untuk mewujudkan "Ketahanan Kesehatan Nasional melalui Skala, *World Class Service*, dan *Operational Excellence*", Perseroan berinisiatif untuk membangun sistem TI yang baik dalam rangka meningkatkan mutu layanan dan ketahanan kesehatan nasional.

In line with the Company's vision to realize "National Health Resilience through Scale, World Class Service, and Operational Excellence", the Company took the initiative to build an excellent IT system in order to improve service quality and national health resilience.

Seiring dengan perkembangan teknologi yang semakin masif, hampir seluruh perusahaan berinisiatif untuk mengembangkan Sistem Teknologi Informasi (TI) yang profesional dalam proses bisnisnya. Begitu juga halnya dengan Pertamedika IHC, yang saat ini memegang peranan penting sebagai *Holding* Rumah Sakit BUMN untuk terus berupaya untuk menyediakan layanan kesehatan yang berkualitas, meningkatkan jaringan dan skala, mengembangkan kapabilitas dan inovasi, serta integrasi dan sinergi demi membangun ekosistem sektor Kesehatan nasional. Selaras dengan visi Perusahaan untuk mewujudkan "Ketahanan Kesehatan Nasional melalui Skala, *World Class Service*, dan *Operational Excellence*", Perseroan berinisiatif untuk membangun sistem TI yang baik dalam rangka meningkatkan mutu layanan dan ketahanan kesehatan nasional. Agar pengembangan Sistem TI dapat berjalan dengan efektif dan bernilai strategis dalam rangka mendorong terciptanya layanan kesehatan yang unggul dan berdaya saing, maka Pertamedika IHC menerapkan Sistem TI yang menekankan keseimbangan atas 3 (tiga) aspek utama, yaitu *People, Process*, dan *Technology* (PPT), atau dikenal sebagai kerangka *Golden Triangle*.

Along with the increasingly massive technological developments, almost all companies take the initiative to develop a professional Information Technology (IT) System in their business processes. Likewise with Pertamedika IHC, which currently plays an important role as a SOE Hospital Holding to continue to strive to provide quality health services, increase network and scale, develop capabilities and innovation, as well as integration and synergy to build a national health sector ecosystem. In line with the Company's vision to realize "National Health Resilience through Scale, World Class Service, and Operational Excellence", the Company took the initiative to build an excellent IT system in order to improve service quality and national health resilience. In order for IT System development to run effectively and with strategic value to encourage the creation of excellent and competitive health services, Pertamedika IHC implements an IT System that emphasizes a balance of 3 (three) main aspects, namely People, Process, and Technology (PPT), otherwise known as the Golden Triangle framework.



Kerangka *Golden Triangle* menekankan pentingnya keseimbangan 3 (tiga) aspek tersebut dalam penerapan Sistem TI di suatu perusahaan. Jika pengembangan Sistem TI hanya berfokus pada proses dan teknologi, maka dikhawatirkan pengembangan sistem TI tidak akan berjalan dengan efektif dan sesuai dengan tujuan bisnis. Oleh sebab itu, diperlukan penguatan kapabilitas dan kapasitas dari aspek *people* atau *Human Capital*, sehingga dapat mengimbangi inisiatif Perseroan dalam mengembangkan Sistem TI pada proses bisnisnya. Dengan demikian, adanya sumber daya manusia yang unggul dan berkompeten untuk mendukung inisiatif Perseroan dalam mengembangkan Sistem TI diharapkan dapat mendorong efektivitas dalam proses pengambilan keputusan yang berkaitan dengan aktivitas operasional Perseroan.

The Golden Triangle framework emphasizes the importance of balancing such 3 (three) aspects in the implementation of IT systems in a company. If the development of IT systems only focuses on processes and technology, the development of IT systems will not run effectively and in accordance with business objectives. Therefore, it is necessary to strengthen the capability and capacity of the people or Human Capital aspect, so that it is able to balance the Company's initiatives in developing IT systems in its business processes. Thus, excellent and competent human resources to support the Company's initiatives in developing IT systems is expected to encourage effectiveness in the decision-making processes related to the Company's operational activities.

Berlandaskan pada kerangka *Golden Triangle* tersebut, maka Pertamedika IHC senantiasa berupaya untuk menjaga keseimbangan pada 3 (tiga) aspek tersebut dalam proses pengembangan Sistem TI. Untuk aspek *People*, Perseroan secara rutin memberikan pelatihan dan kompetensi bagi seluruh Insan Pertamedika IHC, termasuk sumber daya yang bertanggung jawab dalam pengembangan Sistem TI di Perseroan. Pada aspek *Technology*, Perseroan hingga saat ini telah mengembangkan inovasi layanan kesehatan yang berbasis pada digitalisasi, seperti aplikasi *OneSystem, I-AM, Medical Checkup Online, Data Center* dan *Data Recovery Center* (DC-DRC), sistem *e-Correspondence* (e-Corr), dan lain-lain. Di sisi lain, dalam rangka mendukung proses pengembangan Sistem TI agar sesuai dengan tujuan serta visi dan misi Perseroan, maka telah ditetapkan beberapa pedoman kerja seperti IT *Masterplan* dan IT *Governance* yang menjadi acuan dalam pengembangan Sistem TI di seluruh lingkup operasional Pertamedika IHC.

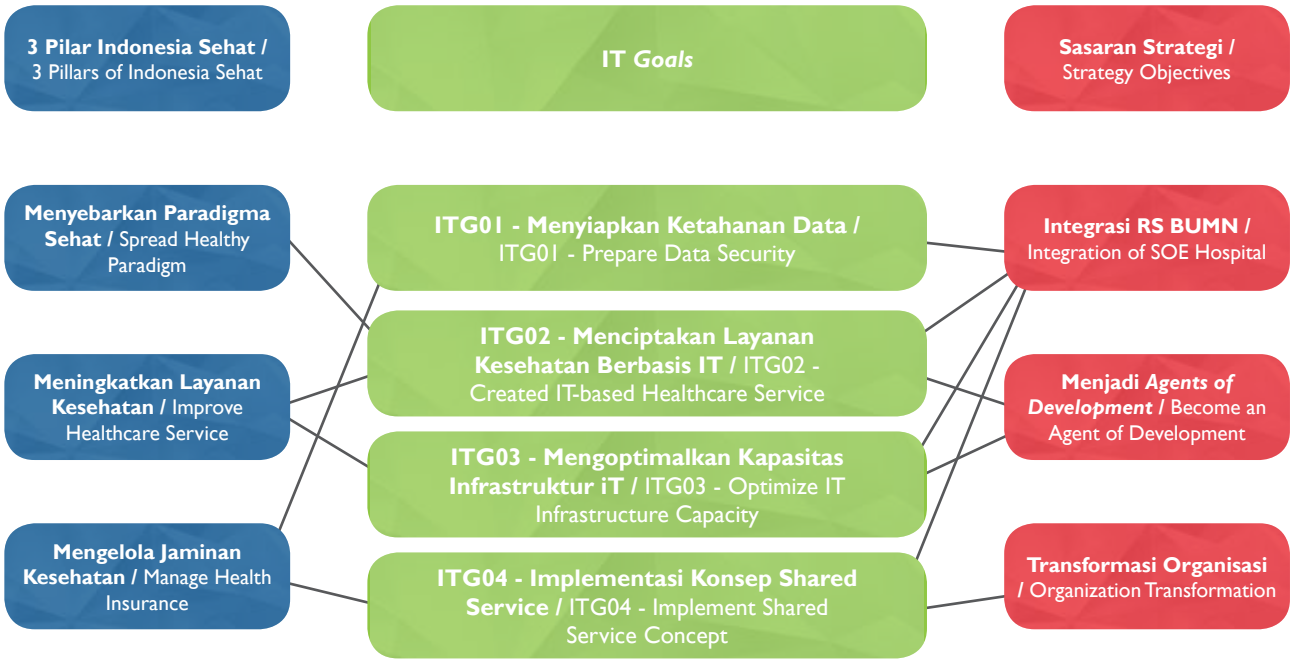
Referring to the Golden Triangle framework, Pertamedika IHC always strives to maintain a balance on the 3 (three) aspects in the IT System development process. For the People aspect, the Company routinely provides training and competence for all Pertamedika IHC personnel, including the resources responsible for the development of the Company's IT system. In terms of technology, the Company has so far developed health service innovations based on digitization, such as the OneSystem application, I-AM, Medical Checkup Online, Data Center and Data Recovery Center (DC-DRC), e-Correspondence system (e-Corr).), etc. On the other hand, in order to support the process of developing the IT system in accordance with the goals and vision and mission of the Company, several work guidelines such as the IT Masterplan and IT Governance have been set as references in the development of IT systems throughout the operational scope of Pertamedika IHC.

IT *GOALS*

IT *Goals* Perseroan sampai dengan 2021 masih memiliki kaitan erat dengan program 3 Pilar Indonesia Sehat, dengan rincian bagan yang saling berhubungan sebagai berikut:

IT GOALS

As of 2021, the Company's IT Goals remain closely related to the 3 Healthy Indonesia Pillars, as the following chart:

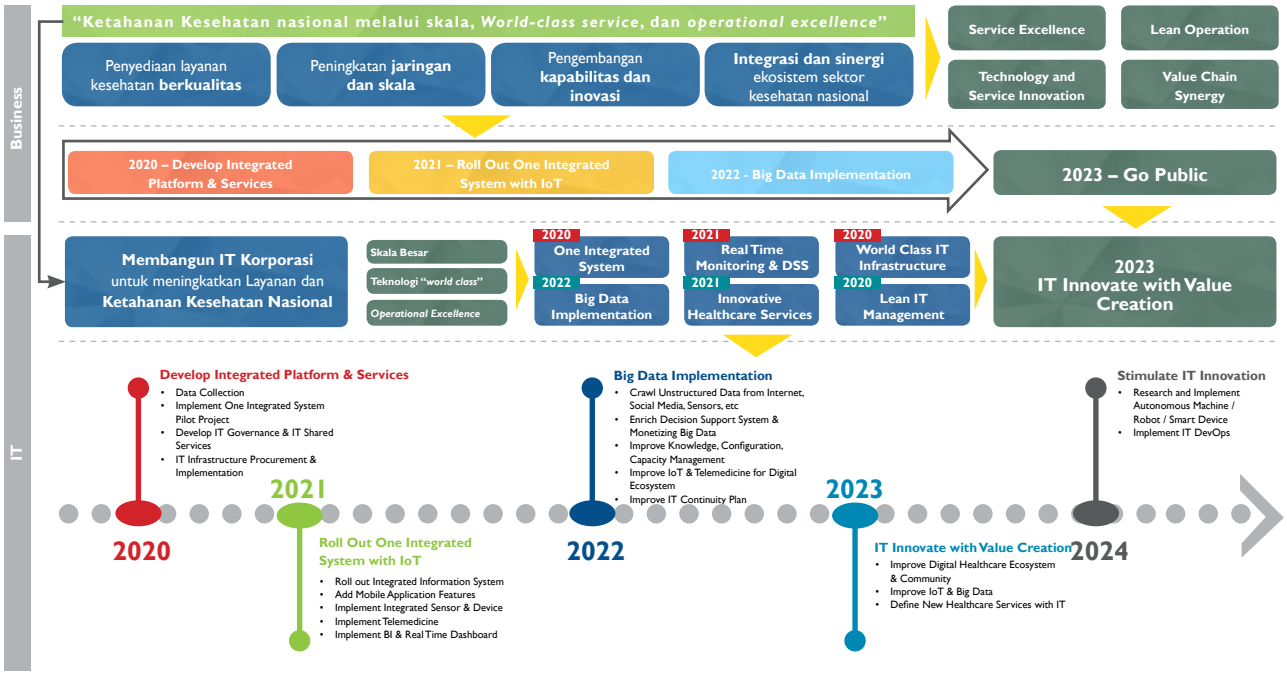


IT *ROADMAP*

Untuk mendukung tercapainya IT *Goals*, Pertamedika IHC telah menetapkan IT *Masterplan* 2020 – 2024 sebagai pedoman pengembangan TI secara terintegrasi di seluruh rumah sakit di bawah pengelolaan Perseroan.

IT ROADMAP

To support the achievements of the IT Goals, Pertamedika IHC has prepared the 2020 – 2024 Masterplan as a guideline for an integrated IT development on all hospitals under the Company's management.



CAPAIAN PENGEMBANGAN TI DI TAHUN 2021

Hingga akhir tahun 2021, Perusahaan telah melakukan beberapa aspek pengembangan pada Teknologi Informasi. Ada 2 (dua) area besar pengembangan aplikasi, yaitu Aplikasi ERP dan Aplikasi Non ERP. Aplikasi ERP adalah aplikasi yang menjadi *backbone* operasional layanan di rumah sakit. Sedangkan aplikasi Non ERP adalah aplikasi *non backbone* layanan, namun berperan penting dalam menunjang operasional.

Aplikasi ERP yang dikembangkan terdiri dari 2 (dua) area, yaitu *Front Office* dan *Back Office*. Keduanya dibingkai dengan label *One Solution System* (OSS). Untuk *Front Office*, Perusahaan mengembangkannya secara *inhouse,* bekerja sama dengan konsultan di beberapa sisi. Sedangkan untuk *Back Office*, Perusahaan mengembangkannya menggunakan ERP Odoo.

Aplikasi Non ERP dikembangkan sesuai dengan persyaratan dari divisi atau fungsi yang ada di Pertamedika IHC.

2021 IT DEVELOPMENT ACHIEVEMENTS

As of the end of 2021, the Company has carried out several aspects of development in Information Technology. There are 2 (two) major areas of application development, namely ERP Applications and Non-ERP Applications. ERP applications are applications that are the backbone of service operations in hospitals. Meanwhile, Non-ERP applications are non-backbone service applications, but play an important role in supporting operations.

The ERP application developed consists of 2 (two) areas, namely Front Office and Back Office. Both are framed with the label One Solution System (OSS). For the Front Office, the Company develops it in-house, in collaboration with consultants on several aspects. As for the Back Office, the Company developed it using Odoo ERP.

Non-ERP applications are developed in accordance with the requirements of the existing divisions or functions at Pertamedika IHC.

Progres Aplikasi ERP (OSS, Telemedicine, dan ODOO)

Mengacu kepada IT Roadmap, focus tema yang Perusahaan jalankan yaitu *Integrated Healthcare Information System*. Pada tahun ini Perusahaan telah memulai melakukan *rollout Integrated Information System*, yaitu suatu aplikasi *Healthcare* yang disebut juga *One Solution System* (OSS). Implementasinya diawali pada RS Pertamina Jaya, yang selanjutnya aplikasi juga diimplementasikan di RS Pusat Pertamina *Extension* Simprug, RS Pertamina Jaya *Extension* Asrama Haji Pondok Gede, RS Pertamedika Bintang Amin *Extension* Wisma Haji Lampung.

Perusahaan juga telah memulai implementasi system tersebut di RS Pertamina Cilacap, RS Pertamina Balongan dan RS Pertamina Rantau. Pengembangan aplikasi *Mobile Application* juga telah dilakukan, yaitu aplikasi yang dinamakan IHCTelemed dibarengin dengan implementasi *Dashboard* untuk mendukung pengembangan tersebut, walaupun system tersebut belum sepenuhnya terintegrasi.

A. OSS

OSS (*One Solution System*) adalah aplikasi yang dikembangkan secara *inhouse*, bekerjasama dengan konsultan yang bertujuan untuk menghadirkan aplikasi *Hospital Information System* yang mengakomodir layanan *Front Office* dan *Back Office*.

- **Development**

  Dalam pengembangan OSS telah disepakati bersama dengan tim Bisnis Proses bahwa prioritas pengembangan yang di utamakan adalah *minimal requirement* yang telah disusun bersama dan sudah dikembangkan dengan capaian sebagai berikut:

ERP Application Progress (OSS, Telemedicine, and ODOO)

Referring to the IT Roadmap, the Company's focus is the Integrated Healthcare Information System. This year, the Company has started to rollout the Integrated Information System, which is a Healthcare application also known as One Solution System (OSS). The implementation was started at Pertamina Jaya Hospital, then at Pertamina Extension Simprug Central Hospital, Pertamina Jaya Extension Hospital Pondok Gede Hajj, Pertamedika Bintang Amin Extension Hospital Wisma Haji Lampung.

The Company has also started implementing the system at Pertamina Cilacap Hospital, Pertamina Balongan Hospital, and Pertamina Rantau Hospital. Mobile Application development has also been carried out, namely an application called IHCTelemed together with the implementation of the Dashboard to support the development, although the system is not fully integrated yet.

A. OSS

OSS (One Solution System) is an application developed in-house, in cooperation with consultants, which aims to present a Hospital Information System application that accommodates Front Office and Back Office services.

- **Development**

  In OSS development, it has been agreed with the Business Process team that the priority for development is the minimum requirements that have been prepared together and have been developed with the following achievements:

Progress Update Agustus 2021 / Progress Update August 2021		Target Min. Req	Progress Selesai / Progress Complete	% Selesai / % Done	
Pendaftaran / Registration	AT	8	8	100,0%	(* Sprint 15, 16
	BMI	34	25	73,5%	
Rawat Jalan / Outpatient	AT	19	17	89,5%	(* Sprint 16, 17, 18
	BMI	29	23	79,3%	
IGD	AT	9	7	77,8%	(* Sprint 19, 20
	BMI	10	9	90,0%	
Rawat Inap / Inpatient	AT	34	29	85,3%	(* Sprint 18, 19
	BMI	22	16	72,7%	
Penunjang Medis / Medical support	AT	13	12	92,3%	(* Sprint 15, 16
	BMI	17	12	70,6%	
Farmasi / Pharmacy	AT	18	7	38,9%	(* Sprint 16, 17
	BMI	26	15	57,7%	
SCM	AT	13	-	0,0%	
	BMI	8	-	0,0%	
OK	AT	4	3	75,0%	(* Sprint 20
	BMI	7	7	100.0%	
Grand Total	**AT**	**118**	**83**	**70,3%**	
	BMI	**153**	**107**	**69,9%**	
	AT + BMI	**271**	**190**	**70,1%**	

Selain pengembangan *minimal requirement*, telah dilakukan juga pengembangan berdasarkan kebutuhan rumah sakit dengan rincian sebagai berikut:

- **Implementasi**

In addition to the development of minimum requirements, development has also been carried out based on hospital needs with the following details:

- **Implementation**

No	*Task To Be Done*	Persiapan Aplikasi / Application Preparation		*Site Survey Assessment*		Training Aplikasi / Application Training		Pekerjaan Master Data / Data Master Jobs		Implementasi/ Deploy FO / Implementation/ Deploy FO		Implementasi/ Deploy FO / Implementation/ Deploy FO		Total Persentase Selesai / Total Percentage Complete	Bobot	Capain / Achieve
		% Done	% Done x Bobot	% Done	% Done x Bobot	% Done	% Done x Bobot	% Done	% Done x Bobot	% Done	% Done x Bobot	% Done	% Done x Bobot			
1	RSP Jaya	100%	10,0%	100%	10,0%	100%	10,0%	100%	20,0%	100%	25%	100%	25%	100%	10,0	10,0
2	RSP Cilacap	100%	10,0%	100%	10,0%	100%	10,0%	100%	20,0%	100%	25%	100%	25%	100%	5,0	5,0
3	RSP Rantau	100%	10,0%	100%	10,0%	100%	10,0%	100%	20,0%	100%	25%	100%	25%	100%	5,0	5,0
4	RSP Balongan	100%	10,0%	100%	10,0%	100%	10,0%	100%	20,0%	100%	25%	100%	25%	100%	5,0	5,0
5	RSPP	100%	10,0%	0,0%	0,0%	80%	8,0%	53%	10,5%	100%	25%	63%	16%	69%	15,0	10,4
6	Tarakan	100%	10,0%	0,0%	0,0%	80%	8,0%	86%	17,3%	100%	25%	83%	21%	81%	5,0	4,0
7	Tanjung	100%	10,0%	0,0%	0,0%	80%	8,0%	90%	18,0%	100%	25%	83%	21%	82%	5,0	4,1
8	Plaju	100%	10,0%	0,0%	0,0%	80%	8,0%	85%	17,0%	100%	25%	83%	21%	81%	5,0	4,0
9	Prabumulih	100%	10,0%	0,0%	0,0%	80%	8,0%	84%	16,9%	100%	25%	83%	21%	80%	5,0	4,0
10	Balikpapan	100%	10,0%	0,0%	0,0%	80%	8,0%	65%	13,0%	100%	25%	83%	21%	77%	12,5	9,6
11	Brandan	100%	10,0%	0,0%	0,0%	80%	8,0%	70%	13,9%	100%	25%	83%	21%	78%	5,0	3,9
12	Cirebon	100%	10,0%	0,0%	0,0%	80%	8,0%	53%	10,5%	100%	25%	83%	21%	74%	12,5	9,3
13	Dumai	100%	10,0%	0,0%	0,0%	80%	8,0%	70%	14,0%	100%	25%	83%	21%	78%	5,0	3,9
14	RSP Sorong	100%	10,0%	0,0%	0,0%	80%	8,0%	88%	17,5%	100%	25%	70%	18%	78%	5,0	3,9
															100	82

Ada 6 tahap pengimplementasian yaitu

1. Persiapan Aplikasi yang fokus pada tersedianya site / rumah sakit pada OSS.
2. *Site Survey Assessment*
   Assessment pada rumah sakit untuk melihat kesiapan infrastruktur, *hardware*, serta melakukan rekapitulasi perangkat alat kesehatan yang dapat diintegrasikan.
3. Pelatihan Aplikasi sebagai bentuk edukasi penggunaan sistem kepada *user*.
4. Pekerjaan Master Data
   Kegiatan melakukan migrasi *data master* yang ada pada rumah sakit yang selanjutnya dipetakan kepada standar data Perusahaan yang kemudian di unggah ke OSS.
5. Deploy FO
   Kegiatan *set up site data* pada OSS Front Office.
6. Deploy BO
   Kegiatan melakukan migrasi data terkait saldo awal, CoA, beserta data keuangan lainnya ke OSS *Back Office* (Odoo).

There are 6 stages of implementation, namely

1. Preparation of applications that focus on the availability of sites/hospitals on OSS.
2. Site Survey Assessment
   Assessment of hospitals to observe the readiness of infrastructure, hardware, as well as recapitulation of medical devices that can be integrated.
3. Application training as a form of education on the use of the system to users.
4. Master Data Job
   The activity of migrating the existing master data at the hospital which is then mapped to standard Company data which is then uploaded to OSS.
5. Deploy FO
   Set up site data activity on OSS Front Office.
6. Deploy BO
   Activities to migrate data related to initial balance, CoA, and other financial data to OSS Back Office (Odoo).

Rumah Sakit yang sudah terimplementasi dan menjalankan OSS pada tahun 2021 adalah:

1. Rumah Sakit Pertamina Jaya
2. Rumah Sakit Pusat Pertamina Extension Simprug
3. Rumah Sakit Pertamina Jaya Extension Asrama Haji Pondok Gede

Hospitals that have implemented and run OSS in 2021 are as follows:

1. Pertamina Jaya Hospital
2. Pusat Pertamina Extension Simprug Hospital
3. Pertamina Jaya Extension Pondok Gede Hajj Dormitory Hospital

4. Rumah Sakit Bintang Amin Lampung Extesnion Asrama Haji Lampung
5. Rumah Sakit Pertamina Cilacap
6. Rumah Sakit Pertamina Rantau
7. Rumah Sakit Pertamina Balongan

B. IHC Telemed

IHC Telemed adalah Aplikasi mobile yang dikembangkan secara *inhouse*, bekerjasama dengan konsultan yang bertujuan untuk menghadirkan aplikasi telekonsultasi yang terintegrasi dengan OSS. IHC Telemed tersedia untuk Android maupun IOS dan dapat diunduh pada *Play Store* dan *App Store*. IHC Telemed pertama kali diluncurkan pada bulan Juli 2021 dengan memberikan layanan telekonsultasi Covid-19 secara gratis, pelayanan paket obat Covid-19 serta pengantaran obat untuk umum sampai dengan bulan September 2021. Kini layanan IHC Telemed sudah dikembangkan untuk telekonsultasi spesialis, *Medical Check Up* di jaringan seluruh unit bisnis Perusahaan, serta juga pengembangan fitur portal rujukan *Doctor to Doctor* yang bekerjasama dengan klinik Kimia Farma.

Berikut adalah rumah sakit yang sudah mengimplementasikan IHC Telemed:

4. Bintang Amin Hospital Lampung Extension Hajj Dormitory Lampung Hospital
5. Pertamina Cilacap Hospital
6. Pertamina Rantau Hospital
7. Pertamina Balongan Hospital

A. IHC Telemed

IHC Telemed is a mobile application developed in-house, in cooperation with consultants which aims to present a teleconsulting application that is integrated with OSS. IHC Telemed is available for both Android and IOS and can be downloaded on the Play Store and App Store. IHC Telemed was first launched in July 2021 by providing free Covid-19 teleconsultation services, Covid-19 drug package services and drug delivery to the public until September 2021. Now, IHC Telemed services have been developed for specialist teleconsultation, Medical Check Up in network of all the Company's business units, as well as the development of the Doctor to Doctor referral portal feature in collaboration with Kimia Farma clinics.

Hospitals that have implemented IHC Telemed are as follows:

1. RS Pelabuhan Jakarta	12. RS Gatoel Mojokerto	23. RS Nusamed Djatiroto
2. RS Pusat Pertamina	13. RS Medika Utama	24. RS Pertamina Cilacap
3. RS Pelni	14. RS Nusamed Wonolangan	25. RS Bakti Timah Pangkalpinang
4. RS Nusamed Lavalette	15. RS Pertamina Prabumulih	26. RS Pelabuhan Cirebon
5. RS Krakatau Medika	16. RS Medika Stannia	27. RS Pertamina Plaju Palembang
6. RS PHC Surabaya	17. RS Pelabuhan Palembang	28. RS Pertamina Balongan
7. RS Elizabeth Situbondo	18. RS Perkebunan Jember	29. RS Pertamina P. Brandan
8. RS Pertamina Cirebon	19. RS Bhakti Husada Krikilan	30. Klinik Pertamedika IHC
9. RSU Kaliwates Jember	20. RS Port Medical Center	31. RS Pertamina Dumai
10. RS Toeloengredjo	21. RS Pertamina Balikpapan	32. RS Baiturrahim
11. RS Pertamina Sorong	22. RS Bakti Timah Karimun	33. RS Pertamina Tarakan
		34. RS Pertamina Jaya

Progres Non ERP

Aplikasi Non ERP adalah aplikasi yang dikembangkan secara inhouse oleh Tim *IT Solution* Pertamedika IHC. Aplikasi ini dikembangkan untuk memenuhi kebutuhan bisnis dari setiap divisi atau fungsi. Berikut adalah daftar aplikasi yang telah dikembangkan selama tahun 2021.

A. Corporate Secretary
   1. Aplikasi Compliance Online System
   2. Website Korporat Pertamedika
   3. Website Per Rumah Sakit
   4. Aplikasi Simple Agenda
B. Finance
   1. Website Pajak
   2. Aplikasi Asset Management
   3. Aplikasi Scanner eFaktur
   4. Aplikasi Bridging Transfer Bank Mandiri
   5. Aplikasi Inventaris

Non-ERP Progress

Non-ERP applications are applications developed in-house by the Pertamedika IHC IT Solution Team. This application was developed to meet the business needs of each division or function. Here is a list of apps that have been developed throughout 2021.

A. Corporate Secretary
   1. Compliance Online System Application
   2. Pertamedika Corporate Website
   3. Websites Per Hospital
   4. Simple Agenda Application
B. Finance
   1. Tax Website
   2. Asset Management Application
   3. eInvoice Scanner Application
   4. Bank Mandiri Transfer Bridging Application
   5. Inventory Application

C. Human Capital & General Affairs
   1. Aplikasi Work & Health Monitoring
   2. Portal Man Power Status
   3. Aplikasi Internal Job Posting
   4. Aplikasi iTraining
   5. Aplikasi Doctor Job Posting
   6. Aplikasi Payroll Bridging Korporat
   7. Aplikasi Payroll Bridging Rumah Sakit
D. Operasional, HSE dan Quality Assurance
   1. Portal Dashboard Operasional
   2. Aplikasi MPPK
   3. Portal Managed Care
   4. Aplikasi Homecare
   5. Aplikasi Geriatri
   6. Aplikasi eProcurement (*under development*)
   7. Aplikasi Material Management
   8. Dashboard Bed & Bridging Dinkes
   9. WA Scheduler IHC Telemed
   10. Digital Marketing Patient Journey
   11. Portal Indikator Mutu
   12. Portal HSE (HSE Report, iVaksin, iCovid)

IT INFRASTRUCTURE

Dari segi infrastruktur, berikut adalah capaian IT pada tahun 2021:

a. Implementasi Metro E IP Transit & Internet Selama 3 Tahun.
   Pengadaan akses interkoneksi Metro E di Unit Pertamedika

b. Implementasi Disaster Recovery Center (DRC) selama 5 Tahun.
   Tempat yang secara khusus ditujukan untuk menempatkan sistem, aplikasi, hingga data-data cadangan perusahaan ketika terjadi gangguan serius atau bencana yang menimpa satu atau berbagai unit kerja di perusahaan, seperti pusat penyimpanan dan pengolahan data dan informasi
c. Implementasi Standardisasi Jaringan (Cabling) 4 RS dan 4 Poliklinik Tahap 1.
   Penarikan kabel jaringan dan perbaikan topologi untuk optimalisasi proses bisnis IHC mendatang
d. Implementasi Sewa Switch- Network 4RS (RSPP, RSPB, RSPJ dan RSP Cilacap) dan 4 Poliklinik Tahap 1.
e. Implementasi Seat Management (PC, Laptop dan AIO) 5 Tahun.
f. Implementasi HCI (Server) 2bh di DC dan DRC selama 5 Tahun.
   Pengadaan server hyper converged infrastructure berkecepatan tinggi untuk optimalisasi proses bisnis IHC mendatang
g. True Up Year 3 (Lisensi Microsoft PKS Turunan selama 3 Tahun)
h. Implementasi Firewall 2bh selama 5 tahun.
i. Implementasi Google Cloud selama 3 Tahun

C. Human Capital & General Affairs
   1. Work & Health Monitoring Application
   2. Portal Man Power Status
   3. Internal Job Posting Application
   4. iTraining Application
   5. Doctor Job Posting Application
   6. Corporate Payroll Bridging Application
   7. Hospital Bridging Payroll Application
D. Operations, HSE and Quality Assurance
   1. Operational Dashboard Portal
   2. MPPK Application
   3. Managed Care Portal
   4. Homecare Application
   5. Geriatric Application
   6. eProcurement Application (under development)
   7. Material Management Application
   8. Dashboard Bed & Bridging Dinkes
   9. WA Scheduler IHC Telemed
   10. Digital Marketing Patient Journey
   11. Quality Indicator Portal
   12. HSE Portal (HSE Report, iVaksin, iCovid)

IT INFRASTRUCTURE

IT achievements in terms of infrastructure in 2021 are as follows:

a. Implementation of Metro E IP Transit & Internet for 3 Years.
   Procurement of Metro E interconnection access at the Pertamedika Unit
b. Implementation of the Disaster Recovery Center (DRC) for 5 years.
   A place that is specifically intended to place systems, applications, and company backup data when a serious disruption or disaster strikes one or various work units in the Company, such as a data and information storage and processing center
c. Implementation of Network Standardization (Cabling) 4 Hospitals and 4 Polyclinics Phase 1.
   Network cabling and topology improvements for optimization of future IHC business processes
d. Implementation of Switch-Network Rental 4 Hospitals (RSPP, RSPB, RSPJ, and RSP Cilacap) and 4 Polyclinics Phase 1.
e. Implementation of Seat Management (PC, Laptop and AIO) for 5 Years.
f. Implementation of 2bh HCI (Server) in DC and DRC for 5 Years.
   Procurement of high-speed hyper-converged infrastructure servers for optimization of future IHC business processes
g. True Up Year 3 (3 Years Microsoft PKS Derived License)
h. Implementation of Firewall 2bh for 5 years.
i. Implementation of Google Cloud for 3 Years

PENGHARGAAN DI BIDANG TI TAHUN 2021

Pada tahun 2021, Pertamedika IHC meraih 3 penghargaan dalam ajang Top Digital Award 2021 dari majalah IT Work:

1. TOP digital on Integrated Health Services Solutions 2021
2. TOP Leader on Digital Implementation – CEO Pertamedika IHC
3. TOP Digital Implementation 2021 dengan predikat Level Stars 4

IT GOVERNANCE

IT Pertamedika IHC telah memiliki tata kelola fungsi Teknologi Informasi diatur dalam TKO dan TKI, yang berlaku mulai 1 Januari 2015. Ruang lingkup tata kelola dalam hal ini adalah penyiapan IT *Master Plan*, persiapan ISO 27001 dan penyempurnaan tata kelola ICT di Pertamedika IHC. Berikut penjelasan mengenai persiapan *IT Master Plan*, persiapan ISO 27000:

- *IT Master Plan* merupakan dokumen yang menjadi panduan bagi pengembangan ICT di lingkungan Pertamedika IHC.
- ISO 27001 merupakan suatu standar Internasional dalam menerapkan sistem manajemen keamanan informasi atau lebih dikenal dengan *Information Security Management Systems* (ISMS).
- Tata kelola TI membangun suatu sistem yang semua pemangku kepentingannya, termasuk direksi dan komisaris serta pengguna internal dan bagian terkait seperti keuangan, dapat memberikan masukan yang diperlukan untuk proses pengambilan keputusan.

AWARDS ON IT FIELD IN 2021

In 2021, Pertamedika IHC won 3 awards at the Top Digital Award 2021 from IT Work magazine:

1. TOP digital on Integrated Health Services Solutions 2021
2. TOP Leader on Digital Implementation – CEO of Pertamedika IHC
3. TOP Digital Implementation 2021 with the title of Level Stars 4

IT GOVERNANCE

IT Division of Pertamedika IHC has managed Information Technology functions regulated in TKO and TKI, which took effect from January 1, 2015. The scope of governance in this case is the preparation of the IT Master Plan, preparation of ISO 27001 and improvement of ICT governance at Pertamedika IHC. The following is an explanation of the preparation of the IT Master Plan and preparation of ISO 27001:

- IT Master Plan is a document that serves as a guide for ICT development in the Pertamedika IHC environment.
- ISO 27001 is an international standard in implementing an information security management system or better known as Information Security Management Systems (ISMS).
- IT governance builds a system in which all stakeholders, including the Board of Directors and Board of Commissioners as well as internal users and related divisions such as finance, can provide the necessary input for decision-making process.

MUTU LAYANAN
Service Quality

Selain SDM dan TI, Perseroan memiliki satu divisi lain yakni Divisi Medis yang bertugas menjaga mutu pelayanan rumah sakit yang berada di bawah naungan Pertamedika IHC. Maksud dari pembentukan divisi ini ialah sebagai bukti nyata Perusahaan atas komitmen pelayanan rumah sakit yang terus ditingkatkan secara berkelanjutan. Salah satu upaya peningkatan mutu dalam hal ini ialah dengan menetapkan indikator mutu pelayanan rumah, sebagai standar dalam memberikan pelayanan kesehatan bagi pasien/pelanggannya.

Dalam rangka menjaga kualitas dan mutu pelayanan di Rumah Sakit Pertamedika *Group*, maka Pertamedika IHC melakukan beberapa kegiatan untuk meningkatkan dan tetap mempertahankan mutu layanan sepanjang tahun 2021 meliputi:

1. Monitoring dan Evaluasi Pencapaian Indikator Mutu Rumah Sakit;
2. Audit Internal Mutu dan Keselamatan Pasien (Survei Simulasi Akreditasi Rumah Sakit).

MONITORING DAN EVALUASI

1. Seluruh jajaran manajemen rumah sakit Pertamedika IHC secara berkala melakukan *monitoring* dan evaluasi program keselamatan pasien yang dilaksanakan oleh Komite/ Tim Peningkatan Mutu dan Keselamatan Pasien rumah sakit Pertamedika IHC.
2. Komite / Tim Peningkatan Mutu dan Keselamatan Pasien rumah sakit Pertamedika IHC secara berkala (paling lama 2 tahun) melakukan evaluasi pedoman, kebijakan dan prosedur keselamatan pasien yang dipergunakan di rumah sakit Pertamedika IHC.
3. Komite/ Tim Peningkatan Mutu dan Keselamatan Pasien rumah sakit Pertamedika IHC melakukan evaluasi kegiatan setiap bulan dan membuat tindak lanjutnya.
4. Komite/ Tim Peningkatan Mutu dan Keselamatan Pasien rumah sakit Pertamedika IHC melakukan Analisa pemenuhan indikator setiap bulan dan membuat tindak lanjutnya (laporan bulanan).
5. Alur pelaporan kegiatan peningkatan mutu dan keselamatan pasien:
   a. PIC pengumpul data mengumpulkan data *indicator* (Indikator Prioritas, Indikator Mutu Unit, Indikator Mutu Nasional);
   b. Data dimasukkan ke dalam sistem manajemen data terintegrasi;
   c. Data dalam bentuk analisa sederhana dilaporkan ke komite/ tim PMKP;

Apart from HC and IT, the Company has another division, namely the Medical Operations Division which is in charge of maintaining the quality of hospital services under Pertamedika IHC. The formation of the division is a clear proof of the Company's commitment to hospital services which is continuously improved in a sustainable manner. One of the efforts to improve the quality is to establish indicators of the quality of home services, as a standard or benchmark in providing health services for patients/ customers.

In order to maintain the service quality at the Pertamedika Group Hospitals, Pertamedika IHC has carried out several activities to improve and maintain service quality throughout 2021, including:

1. Monitoring and Evaluation of Achievement of Hospital Quality Indicators
2. Internal Audit Quality and Patient Safety (Hospital Accreditation Simulation Survey)

MONITORING AND EVALUATION

1. The entire management of Pertamedika IHC hospitals regularly monitors and evaluates patient safety program performed by Improvement of Quality and Patient Safety Committee/Team of Pertamedika IHC hospitals.
2. Improvement of Quality and Patient Safety Committee/ Team of Pertamedika IHC hospitals periodically (maximum of 2 years) evaluates patient safety guidelines, policies, and procedures used in Pertamedika IHC hospitals.
3. Improvement of Quality and Patient Safety Committee/Team of Pertamedika IHC hospitals performs monthly evaluation of its activities and their follow-ups.
4. Improvement of Quality and Patient Safety Committee/Team of Pertamedika IHC hospital conducts monthly analysis of indicator fulfilment and their follow-ups (monthly report).
5. Reporting flow of improvement of quality and patient safety activities:
   a. PIC of data collector gathers up indicator data (Priority Indicators, Unit Quality Indicators, National Quality Indicators;
   b. Data is entered into an integrated data management system;
   c. Data is reported to PMKP Committee/Team in a simple analysis form;

d. Komite/ Tim PMKP melaporkan kepada Direktur rumah sakit Pertamedika IHC;
e. Direktur RS Pertamedika IHC memberikan *feedback* kepada bagian/ instalasi/ unit yang mengukur indikator mutu terkait pencapaiannya;
f. Direktur RS Pertamedika IHC melaporkan hasil capaian Indikator mutu dan Insiden Keselamatan pasien kepada Direktur Utama Pertamedika IHC setiap bulan sebelum tanggal 7;
g. Direktur rumah sakit mempresentasikan hasil pencapaian indikator mutu setiap bulan ke Direktur Medis dan tim;
h. Direktur Rumah Sakit membuat Rencana Tindak Lanjut terhadap indikator Mutu yang tidak tercapai.

d. PMKP Committee/Team reports to Pertamedika IHC hospital directors;
e. Directors of Pertamedika IHC provide feedback to division/installation/unit that measures achievement of quality indicators;
f. Directors of Pertamedika IHC hospitals report the results of achievement of quality indicators and Patient Safety Incidents to President Director of Pertamedika IHC before the 7th day of every month;
g. Hospital Director presents the result of quality indicator achievements every month to the Medical Operations Director and team;
h. Hospital Director prepares Follow-Up Plan to the Quality Indicator(s) not achieved.

Di bawah ini adalah Konsolidasi Pencapaian Indikator Mutu Pertamedika IHC Pada Bulan Januari – Desember 2021 di Rumah Sakit Pertamedika *Group*:

The following is Consolidated Achievement of Quality Indicators of Pertamedika IHC Group Hospitals in January-December 2021:

No	Indikator Mutu / Quality Indicator	Satuan / Unit	Target	RSPP	RSPB	RSPC	RSPJ	RSPCL	RSPBL	RSPPB	RSPR	RSPDM	RSPPLI	RSPPBM	RSPT	RSPTR	RSPS
1	Kepatuhan Identifikasi Pasien / Patient Identification Compliance	%	100	100	100	97,85	99,53	100	94,07	100	95,83	100	100	100	100	100	100
2	Waktu tanggap operasi seksio sesarea emergency (< 30 menit) / Emergency caesarean section response time (< 30 minutes)	%	≥ 80	88	100	100	100	100	81	43	100	100	82	100	69	100	100
3	Waktu tunggu rawat jalan / Outpatient waiting time	Menit / Minute	60	117,45	52,37	20,00	55,10	42,92	51,67	102,82	60	57,17	60,15	30,14	28,69	16,57	21,84
4	Penundaan operasi elektif / Postponement of elective surgery	%	5	0,85	0,21	0	0	0	0,40	11,85	2,18	9,09	0	0	11,53	0	0
5	Kepatuhan Jam *Visit* Dokter Spesialis / Specialist Visiting Hour Compliance	%	≥ 80	62,45	85,25	80,77	64,34	85,70	91,63	83,18	100,00	85,08	75,36	76,83	47,91	96,08	58,89
6	Pelaporan hasil kritis laboratorium / Laboratory critical results reporting	%	100	87,98	99,75	100	100	100	100	93	100	73,84	100	98,56	91,67	93,50	100
7	Kepatuhan penggunaan formularium nasional bagi RS provider BPJS / Compliance with the use of the national formulary for BPJS provider hospitals	%	≥ 80	99,09	98,75	78,40	83,64	92,50	93,58	95,66	92,87	88,86	86,26	99,97	86,42	47,81	93,06
8	Kepatuhan Melakukan Kebersihan Tangan (HH) / Hand Hygiene Compliance	%	85	86,37	86,17	89,46	90,20	91,92	98,67	99,25	88,33	74,19	95,77	95,78	93,33	88,08	90,40
9	Kepatuhan Upaya Pencegahan Risiko Jatuh / Fall Risk Prevention Compliance	%	100	99,90	100	94,70	93,46	100	100	98,33	80,33	80,67	94,95	100	94,42	100	100
10	Kepatuhan terhadap *Clinical Pathways* / Clinical Pathways Compliance	%	≥ 80	43,35	75,32	77,40	92,86	84,25	89,67	72,33	89,86	38,86	84,57	100	51,64	89,25	81,98
11	Kepuasan Pasien & Keluarga / Patient & Family Satisfaction	%	≥ 76,61	86,84	85,79	94,99	84,69	93,17	90,50	71,92	81,83	83,94	77,32	82,30	83,83	88,83	85,80
12	Kecepatan Waktu Tanggap Komplain / Complaint Response Time	%	≥ 80	100	100	78,89	83,33	79,58	98,00	99,33	76,67	100	100	100	100	100	77,02
13	Kepatuhan terhadap Penggunaan APD / Compliance in Wearing PPE	%	100	89,12	97,25	91,43	100	99,67	91,42	99,50	90	82,27	100	92,93	97,42	100	91,61

Di bawah ini adalah Konsolidasi Pencapaian Indikator Layanan Medis Pertamedika IHC yang diukur sejak Bulan Oktober – Desember 2021 di Rumah Sakit Pertamedika *Group* :

The following is Pertamedika IHC's Consolidated Achievements of Medical Service Quality Indicators of October – December 2021 in Pertamedika Group Hospitals:

No	Indikator Mutu / Quality Indicator	Satuan / Unit	Target	RSPP	RSPB	RSPC	RSPJ	RSPCL	RSPBL	RSPPB	RSPR	RSPDM	RSPPLI	RSPPBM	RSPT	RSPTR	RSPS
1	Waktu tanggap pelayanan dokter di Instalasi gawat darurat / Emergency Room Physician Response Time	%	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
2	Waktu tunggu di IGD (setelah Pelayanan) untuk masuk ke Rawat inap/ pasien dipulangkan kurang dari 60 Menit / Waiting time in the IGD (after Service) for inpatients/ discharged patients less than 60 minutes	Menit / Minute	≤ 60	48,9	23,7	167	38,2	100	100	61,3	100	8	77,4	50,4	102	15,7	30,8
3	Konversi pasien IGD ke Rawat Inap minimal 50% dari total kunjungan IGD / Conversion of IGD patients to Inpatients at least 50% of total IGD visits	%	50	21,1	34,7	38,9	55,4	30,1	15	57	33,7	30	33,3	35,8	56	23	36,6
4	Ketepatan jam buka poliklinik dokter umum dan spesialis / Opening hours accuracy of general practitioner and specialist polyclinics	%	100	83,4	100	86,8	92	96,7	100	41,5	93,3	65,3	100	93,9	70,3	77,3	100
5	Respon time Pelayanan dokter spesialis kurang dari 15 menit dihitung dari pasien pertama diruang tunggu poliklinik. / Response time of specialist of less than 15 minutes from the first patient in the polyclinic waiting room	%	100	50,3	94	99,2	92	100	100			39	100	93,9	70,0	73,3	100
6	Konversi pasien poliklinik ke rawat inap minimal 10% dari total kunjungan poliklinik / Conversion of polyclinic patients to inpatients at least 10% of total polyclinic visits	%	10	2,0	2,9	1,3	2,3	6,6	5	1	5	2,7	0,1	0,9	1	6,6	0,5
7	Kejadian Pulang Atas Permintaan Sendiri (APS) / Patients Discharged At Their Own Request	%	3	0,6	0	3	1	0	0	4,5		0,3	0	1,7	2,2	1,3	0
8	Kepatuhan Waktu Visitasi Dokter Spesialis / Time Compliance of Specialist Visitation	%	≥ 80	65,3	87,3	84,1	88,9	92,8	91	56,5	100	76,3	75,4	83,2	53,3	84,3	93,4
9	Waktu tunggu pasien pulang rawat minimal 2 jam / Waiting time for inpatients discharge of at least 2 hours	%	100	73,6	82,9	99,3	77,6	100,0	100	100,0		91,3	100	100	77	100	66,7
10	Waktu tunggu pemeriksaan lab lengkap / Waiting time for complete lab examination	Menit / Minute	120	71,2	113	54,5			85	35,5		70,3	120	96,5	55,3	44,3	100
11	Waktu tunggu laboratorium hematologi dan urin lengkap cito / Waiting time for complete hematology and urine cytology laboratory examination	Menit / Minute	30	39,9	40	13,5	25	13	61	28,5	60	19	39,9	15	22,7	18,3	28,3
12	Waktu tunggu pemeriksaan Radiologi / Waiting time for Radiology examination	Menit / Minute	60	170,3	114,5	36	339,7	49,7	28	23,3	52	70,7	30	37,8	45,3	126	244,3
13	Waktu tunggu pelayanan obat jadi / Waiting time for service of commercial drugs	Menit / Minute	20	15,1	14	45	12,8	12,4	15	20	9,1	9,3	15	13,2	13,7	15,3	3,6
14	Waktu tunggu obat racikan / Waiting time for service of concoction drugs	Menit / Minute	45	34,5	21,3	61	37,1	19,7	35	50,3		21,3	30	22,5	18,2	23,7	12,1
15	*Respon time* pelayanan telemedicine / Response time of telemedicine service	Menit / Minute	30	43,3	20	23	25	20	22				21	35,1			
16	Waktu tunggu pasien baru datang mendaftar hingga selesai registrasi maksimal 30 menit / Waiting time for new patients from the registration to the completion of registration with a maximum of 10 minutes	Menit / Minute	30	53,6	13,8	17	19,7	25	20	20,2		16,3	15	11	15,4		38,2
17	Waktu tunggu pasien lama mendaftar hingga selesai registrasi maksimal 10 menit / Waiting time of long-time patients from the registration to the completion of registration with a maximum of 10 minutes	Menit / Minute	10	78,4	5	5,5	6,5	10	8	8,5		3,3	5	5,7	3,6		6

Lampiran 1:
PROFIL INDIKATOR NASIONAL MUTU PELAYANAN KESEHATAN DI RUMAH SAKIT
1. Kepatuhan Identifikasi Pasien (KIP)

Attachment 1:
NATIONAL QUALITY INDICATOR PROFILE OF HEALTHCARE SERVICES IN HOSPITALS
1. Patient Identification Compliance (KIP)

Judul Indikator / Indicator Title	**Kepatuhan Identifikasi Pasien** / Patient Identification Compliance
Dasar Pemikiran / Legal Basis	1. Peraturan Menteri Kesehatan Nomor 11 Tahun 2017 tentang Keselamatan Pasien pada pasal 5 ayat 5 bahwa salah satu Sasaran Keselamatan Pasien adalah mengidentifikasi pasien dengan benar. / Regulation of the Minister of Health Number 11 of 2017 concerning Patient Safety in article 5 paragraph 5 stipulates that one of the Patient Safety Goals is to identify patients correctly. 2. Ketepatan identifikasi menjadi sangat penting untuk menjamin keselamatan pasien selama proses pelayanan dan mencegah insiden keselamatan pasien. Untuk menjamin kepatuhan identifikasi maka diperlukan indikator yang mengukur dan memonitor tingkat kepatuhan pemberi pelayanan dalam melakukan proses identifikasi. Sehingga pemberi pelayanan akan menjadikan identifikasi sebagai proses rutin dalam proses pelayanan pasien. / Accurate identification is crucial in ensuring patient safety during the service process and to prevent patient safety incidents. In ensuring compliance with identification, indicators are required to measure and monitor the level of compliance of service providers in carrying out the identification process. Therefore, service providers are able make identification a routine process in the patient care process.
Dimensi Mutu / Quality Dimension	Keselamatan / Safety
Tujuan / Objective	Meningkatkan kepatuhan pemberi layanan dalam melaksanakan proses identifikasi pasien dalam pelayanan. / Improving the compliance of service providers in carrying out the patient identification process.
Definisi Operasional / Operational Definition	1. Identifikasi pasien secara benar adalah proses mencocokkan identitas pasien menggunakan minimal dua dari tiga identitas yang tercantum pada gelang, label atau bentuk alat identifikasi lainnya sebelum memberikan pelayanan dan sesuai dengan regulasi yang berlaku di rumah sakit. / Correct patient identification is the process of matching the patient's identity using at least two of the three identities listed on the bracelet, label or other form of identification tool before providing services and in accordance with applicable regulations in the hospital. 2. Proses identifikasi pasien oleh petugas dilakukan secara aktif dengan visual dan atau verbal. / The process of patient identification by officers is carried out actively in visual or verbal manner 3. Peluang adalah indikasi dilakukan identifikasi pasien secara benar pada saat: / Opportunity is an indication of correct patient identification when: a. Pemberian pengobatan: pemberian obat, pemberian cairan intravena, pemberian darah dan produk darah, radioterapi, dan nutrisi. / Administration of treatment: administration of drugs, administration of intravenous fluids, administration of blood and blood products, radiotherapy, and nutrition. b. Prosedur tindakan: tindakan operasi atau tindakan invasif lainnya sesuai kebijakan yang di tetapkan rumah sakit. / Procedure of action: surgery or other invasive measures according to the policies set by the hospital. c. Prosedur diagnostik: pengambilan sampel, pungsi lumbal, endoskopi, kateterisasi jantung, pemeriksaan radiologi dll / Diagnostic procedures: sampling, lumbar puncture, endoscopy, cardiac catheterization, radiological examination, etc.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah proses identifikasi pasien yang dilakukan secara benar / Total patient identification process carried out properly
Denominator (penyebut)	Jumlah total peluang yang di observasi / Total opportunities observed
Target Pencapaian / Achievement Target	100%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Semua pasien yang mendapatkan pelayanan di rumah sakit / All Patients treated at the hospital Kriteria Eksklusi: / Criteria Exclusion: Tidak ada / None
Formula	$\frac{\text{Jumlah proses identifikasi pasien yang dilakukan secara benar / identification process carried out properly}}{\text{Jumlah total peluang yang di observasi / Total opportunities observed}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	*Concurrent* (Survei Harian / Daily Survey)
Sumber Data / Data Source	Data Primer / Primary Data
Instrumen Pengambilan Data / Data Collection Instrument	Formulir Observasi / Observation Form
Besar Sampel / Sample Amount	Menggunakan populasi atau sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Bidang Pelayanan Medik / Head of Medical Service Department

2. Waktu Tanggap Operasi Seksio Sesarea Emergensi 2. Emergency Cesarean Operation Response Time

Judul Indikator / Indicator Title	**Waktu Tanggap Operasi Seksio Sesarea Emergensi ≤ 30 menit** / Emergency Cesarean Operation Response Time of ≤ 30 minutes
Dasar Pemikiran / Legal Basis	1. Undang Undang Nomor 44 tahun 2009 tentang Rumah Sakit, pada pasal 29 ayat 1 disebutkan bahwa Setiap Rumah Sakit mempunyai kewajiban untuk memberikan pelayanan gawat darurat kepada pasien sesuai dengan kemampuan pelayanannya. / Law No. 44 of 2009 concerning Hospitals, in article 29 paragraph 1 stipulates that every hospital is obliged to provide emergency services to patients in accordance with their service capabilities. 2. Berdasarkan Supas tahun 2015, Angka Kematian Ibu (AKI) di Indonesia pada tahun 2015 adalah 305 per 100.000 Kelahiran Hidup, ini masih merupakan yang tertinggi di Asia Tenggara. Kejadian kematian ibu ini terbanyak ditemukan di rumah sakit sebesar 78%. Tingginya Angka kematian Ibu ini mengindikasikan masih perlunya dilakukan peningkatan tata kelola dan peningkatan mutu pelayanan antenatal care dan persalinan. Untuk itu diperlukan indikator untuk memantau kecepatan proses pelayanan operasi seksio sesarea. / Based on Supas in 2015, the Maternal Mortality Rate (AKI) in Indonesia in 2015 was 305 per 100,000 Births, being the highest in Southeast Asia. The incident of maternal death is most found in the hospital at 78%. The high maternal mortality rate indicates that ther must be an improvement in governance and quality of antenatal care and childbirth services. Thereofre, indicators are needed to monitor the speed of the service process of c-section surgical operations.
Dimensi Mutu / Quality Dimension	Tepat waktu, Efektif, Keselamatan / Timely, Effective, Safety
Tujuan / Objective	Tergambarnya pelayanan kegawatdaruratan operasi seksio sesarea yang cepat dan tepat sehingga mampu mengoptimalkan upaya menyelamatkan Ibu dan Bayi / The depicton of emergency services for caesarian surgery to be depicted as fast and precise so as to optimize efforts to ensure the safety of the Mother and Baby.
Definisi Operasional / Operational Definition	Waktu Tanggap Operasi Seksio Sesarea Emergensi adalah waktu yang dibutuhkan pasien untuk mendapatkan tindakan seksio sesarea emergensi sejak diputuskan operasi sampai dimulainya insisi operasi di kamar operasi yaitu ≤30 menit / Emergency Cesarean Operation Response Time is the time it takes for a patient to get a surgery from the moment that it was decidded that the surgery is required until the first incision in the operating room, which is ≤30 minutes.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah pasien yang mendapatkan tindakan seksio sesarea emergensi sesuai dengan waktu tanggap / Total patients receiving emergency cesarean surgery in accordance with the regulated time.
Denominator (penyebut)	Jumlah pasien yang diputuskan tindakan seksio sesarea emergensi / Total Patients who were decided for an emergency cesarean section
Target Pencapaian / Achievement Target	80% Untuk rumah sakit yang memberikan pelayanan Seksio Sesaria. / 80% for hospitals providing cesarean section services
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Pasien yang diputuskan untuk tindakan SC emergensi dengan toleransi operasi baik (maksimal ASA 2) / Patients who were decided for emergency C-Section with good surgery tolerance (maximum of ASA 2) Kriteria Ekslusi: / Exclusion Criteria: Ibu hamil yang memerlukan distabilisasi terlebih dahulu / Pregnant Mothers who require prior distabilization.
Formula	$\frac{\text{Jumlah pasien yang mendapatkan tindakan seksio sesarea emergensi sesuai dengan waktu tanggap / Total patients receiving emergency cesarean surgery in accordance with the regulated time}}{\text{Jumlah pasien yang diputuskan tindakan seksio sesarea emergensi / Total Patients who were decided for an emergency cesarean section}} \times 100\,\%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder dari rekam medik, laporan operasi / Secodary data from medical records, surgery reports
Instrumen Pengambilan Data / Data Collection Instrument	Formulir pengumpulan data WTO SC-E / WTO SC-E data collection form
Besar Sampel / Sample Amount	Menggunakan populasi atau sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Direktur Pelayanan Medik dan Keperawatan / Director of Medical Services and Nursing

3. Waktu Tunggu Rawat Jalan (RWTRJ) / 3. Outpatients (RWTRJ) Waiting Time

Judul Indikator / Indicator Title	**Waktu Tunggu Rawat Jalan** / Outpatient Waiting Time
Dasar Pemikiran / Legal Basis	1. Undang-Undang Nomor 44 tahun 2009 tentang Rumah Sakit, pada pasal 29 ayat 1 disebutkan bahwa Setiap Rumah Sakit mempunyai kewajiban untuk memberi pelayanan kesehatan yang aman, bermutu, antidiskriminasi dan efektif dengan mengutamakan kepentingan pasien sesuai dengan standar pelayanan Rumah Sakit. / Law No. 44 of 2009 concerning Hospitals, article 29 paragraph 1 stipulates that every hospital is obliged to provide safe, quality, anti-discriminatory and effective health services by prioritizing the interests of patients in accordance with hospital service standards. 2. Rumah sakit harus menjamin ketepatan pelayanan kesehatan termasuk di unit rawat jalan. Walaupun tidak dalam kondisi gawat maupun darurat namun tetap harus dilayani dalam waktu yang ditetapkan. Hal ini untuk menjamin terpenuhinya kebutuhan pasien akan rencana diagnosis dan pengobatan. Waktu tunggu yang lama dapat menyebabkan ketidakpuasan pasien dan keterlambatan diagnosis maupun pengobatan pasien. / Hospitals must ensure the accuracy of health services, including in outpatient units. Even though it is an emergency, it must still be carried out within the stipulated time. This is to ensure that the patient's needs for a diagnosis and treatment plan are met. Long waiting times can lead to patient dissatisfaction and delays in diagnosis and treatment of patients.
Dimensi Mutu / Quality Dimension	Berorientasi kepada pasien / Patient-oriented
Tujuan / Objective	Tergambarnya waktu pasien menunggu dipelayanan sebagai dasar untuk perbaikan proses pelayanan di unit rawat jalan agar lebih tepat waktu dan efisien sehingga meningkatkan kepuasan pasien. / The depiction of the time patients wait for service as a basis for improving the service process in the outpatient unit to be more timely and efficient so as to increase patient satisfaction.
Definisi Operasional / Operational Definition	1. Waktu tunggu rawat jalan adalah waktu yang dibutuhkan mulai saat pasien kontak dengan petugas pendaftaran sampai mendapat pelayanan dokter/ dokter spesialis. / Outpatient waiting time is the time it takes from the time the patient contacts the registration officer until being served by a doctor/specialist. 2. Kontak dengan petugas pendaftaran adalah proses saat petugas pendaftaran menanyakan dan mencatat/menginput data pasien. / Contact with the registrar is the process when the registrar asks and records/enters patient data. 3. Pelayanan dokter/dokter spesialis adalah proses saat pasien kontak dengan dokter/dokter spesialis. / The service of a doctor/specialist doctor is a process when a patient contacts a doctor/specialist doctor.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Menit / Minute
Numerator (pembilang)	Jumlah pasien rawat jalan dengan waktu tunggu ≤ 60 Menit / Total outpatients with ≤ 60 minutes waiting time
Denominator (penyebut)	Jumlah pasien rawat jalan yang disurvei / Total Outpatients Surveyed
Target Pencapaian / Achievement Target	≤ 60 menit / minutes
Kriteria: / Criteria	Kriteria inklusi: / Criteria Inclusion: Pasien yang berobat di rawat jalan / Outpatients Kriteria ekslusi: / Criteria Exclusion: Pasien medical *check up* / pasien tidak datang saat dipanggil, pasien poli gigi / Medical check-up patients, dental clinic patients, patients not responding after calling
Formula	$\frac{\text{Jumlah pasien rawat jalan dengan waktu tunggu} \leq 60 \text{ menit / Total outpatients with} \leq 60 \text{ minutes waiting time}}{\text{Jumlah pasien rawat jalan yang disurvei / Total Outpatients Surveyed}} \times 100\,\%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Sumber data sekunder dari: / Secondary data from: 1. Catatan Pendaftaran Pasien Rawat jalan / Outpatients Registration Records 2. Rekam medik Pasien Rawat jalan / Outpatients Medical Records Catatan: Pencatatan dapat manual ataupun elektronik / Records could be in manual or electronic forms
Instrumen Pengambilan Data / Data Collection Instrument	Formulir Waktu tunggu Rawat jalan / Outpatient Waiting Time Form
Besar Sampel / Sample Amount	Menggunakan populasi atau sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Instalasi Rawat Jalan / Head of Outpatient Department

4. Penundaan Operasi Elektif (POE) 4. Elective Surgery Delay (POE)

Judul Indikator / Indicator Title	**Penundaan Operasi Elektif** / Elective Surgery Delay
Dasar Pemikiran / Legal Basis	1. Undang-Undang No. 44 tahun 2009 tentang Rumah Sakit, pada pasal 29 ayat 1 disebutkan bahwa Setiap Rumah Sakit mempunyai kewajiban untuk memberi pelayanan kesehatan yang aman, bermutu, antidiskriminasi dan efektif dengan mengutamakan kepentingan pasien sesuai dengan standar pelayanan Rumah Sakit. / Law No. 44 of 2009 concerning Hospitals, article 29 paragraph 1 stipulates that every hospital is obliged to provide safe, quality, anti-discriminatory and effective health services by prioritizing the interests of patients in accordance with hospital service standards. 2. Rumah sakit harus menjamin ketepatan waktu dalam memberikan pelayanan termasuk tindakan operasi, sesuai dengan kebutuhan pasien untuk mendapatkan hasil pelayanan seperti yang diinginkan dan menghindari komplikasi akibat keterlambatan operasi. / Hospitals must ensure punctuality in providing services, including surgery, according to the patient's needs to get the desired service results and avoid complications due to delays in surgery.
Dimensi Mutu / Quality Dimension	Tepat waktu, efisiensi, berorientasi pada pasien / Timely, efficient, patient-oriented
Tujuan / Objective	Tergambarnya ketepatan pelayanan bedah dan penjadwalan operasi / The depiction of accuracy of surgical services and surgery scheduling
Definisi Operasional / Operational Definition	Penundaan operasi elektif adalah tindakan operasi yang terencana atau dijadwalkan yang tertunda ≥ 1 jam dari jadwal operasi yang direncanakan sebelumnya yang terjadi pada hari pelaksanaaan operasi. / Elective surgery delay is a planned/scheduled surgery with ≥ 1 hour delay from the schedule on the day of the surgery
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah pasien yang waktu jadwal operasinya tertunda lebih dari 1 jam / Total patients with delayed surgery of more than 1 hour
Denominator (penyebut)	Jumlah pasien operasi elektif / Total elective surgery patients
Target Pencapaian / Achievement Target	<5%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Pasien operasi elektif / Elective surgery patients Kriteria Eksklusi: / Criteria Exclusion: Penundaan operasi atas indikasi medis / Surgery delay due to medical indications
Formula	$\frac{\text{Jumlah pasien yang waktu jadwal operasinya berubah / Total patients with change of surgery schedule}}{\text{Jumlah pasien operasi elektif / Total elective surgery patients}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder dari catatan pasien yang dijadwalkan operasi dan data pelaksanaan operasi. / Secondary data from patients with surgery schedule and data of surgery implementation
Instrumen Pengambilan Data / Data Collection Instrument	Formulir Penundaan Operasi Elektif / Elective Surgery Delay Form
Besar Sampel / Sample Amount	Menggunakan populasi atau sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Instalasi Bedah/Bedah Sentral / Head of Surgery/Central Surgery Department

5. Kepatuhan waktu Visite Dokter Spesialis/DPJP (KWV) 5. Specialist/DPJP (KWV) Visiting Time Compliance

Judul Indikator / Indicator Title	**Kepatuhan waktu *Visite* DPJP** / DPJP Visiting Time Compliance
Dasar Pemikiran / Legal Basis	1. Undang-Undang No. 29 Tahun 2004 tentang Praktik Kedokteran pasal 51 Dokter atau dokter gigi dalam melaksanakan praktik kedokteran mempunyai kewajiban memberikan pelayanan medis sesuai dengan standar profesi dan standar prosedur operasional serta kebutuhan medis pasien. Pada pasal 52 disebutkan bahwa pasien mempunyai hak untuk mendapatkan pelayanan sesuai dengan kebutuhan medis. Undang-Undang No.25 Tahun 2009 ayat 15 disebutkan bahwa Penyelenggara pelayanan publik berkewajiban melaksanakan pelayanan sesuai dengan standar pelayanan. / Law No. 29 of 2004 concerning Medical Practice Article 51 stipulates that Doctors or dentist in carrying out medical practice is obliged to provide medical services in accordance with professional standards and standard operating procedures as well as the medical needs of patients. Article 52 stipulates that patients have the right to receive services according to their medical needs. Law No.25 of 2009 paragraph 15 stipulates that public service providers are obliged to carry out services in accordance with service standards. 2. Pelayanan kesehatan harus berorientasi kepada kebutuhan pasien, bukan kepada keinginan rumah sakit. / Healthcare services must be oriented to the needs of the patient, not to the wishes of the hospital.
Dimensi Mutu / Quality Dimension	Berorientasi kepada pasien / Patient-oriented
Tujuan / Objective	Tergambarnya kepatuhan dokter spesialis terhadap ketepatan waktu melakukan visitasi kepada pasien rawat inap. / The depiction of specialist compliance with timely visits to inpatients
Definisi Operasional / Operational Definition	Waktu *visite* Dokter Spesialis adalah waktu kunjungan DPJP untuk melihat perkembangan pasien yang menjadi tanggung jawabnya setiap hari termasuk hari libur. / Specialist Visiting Time is the time of DPJP to observe the development of patients under his/her daily responsibility, including on holidays.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah visit Dokter Spesialis yang paling lambat jam 14:00. / Total Specialist visits with the latest being at 14:00
Denominator (penyebut)	Jumlah visite Dokter Spesialis yang harus divisit pada hari tersebut / Total Specialists visits that must be made on the day
Target Pencapaian / Achievement Target	≥ 80%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Pasien rawat Inap / Inpatients Kriteria Eksklusi: / Criteria Exclusion: • Pasien yang baru masuk rawat inap hari itu / New inpatients on the current day • Pasien konsul / Consultation patient
Formula	$\frac{\text{Jumlah visite Dokter Spesialis yang paling lambat jam 14.00 / Total Specialist visits with the latest being at 14:00}}{\text{Jumlah Visite Dokter Spesialis yang harus divisit pada hari tersebut / Total Specialists visits that must be made on the day}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder berupa laporan visite rawat inap dalam rekam medik / Secondary data of inpatient visiting reports in the medical records
Instrumen Pengambilan Data / Data Collection Instrument	Formulir KWV DPJP / KWV DPJP Form
Besar Sampel / Sample Amount	Menggunakan populasi maupun sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Instalasi Rawat inap / Head of Inpatient Department

6. Pelaporan hasil Kritis Laboratorium < 30 menit

6. Laboratory Critical Test Report Time < 30 minutes

Judul Indikator / Indicator Title	**Pelaporan hasil Kritis Laboratorium < 30 menit**
Dasar Pemikiran / Legal Basis	Peraturan Menteri Kesehatan No.11 Tahun 2017 tentang Keselamatan Pasien, dalam lampiran Sasaran 2: meningkatkan komunikasi yang efektif seperti pelaporan hasil pemeriksaan kritis dan hasil pemeriksaan segera/cito. / Minister of Health Regulation No. 11 of 2017 concerning Patient Safety, in the attachment of Target 2: improving effective communication such as reporting critical examination results and immediate/cito examination results. Kecepatan dan ketepatan pelaporan hasil laboratorium kritis sangat penting dalam kelanjutan tatalaksana pasien. Hasil kritis menunjukan kondisi pasien yang membutuhkan keputusan klinis yang segera untuk upaya pertolongan pasien dan mencegah komplikasi akibat keterlambatan. / The timeliness and accuracy of reporting critical laboratory results is very important in the continuation of patient management. Critical results show the patient's condition that requires immediate clinical decisions to help patients and prevent complications due to delays.
Dimensi Mutu / Quality Dimension	Tepat waktu, keselamatan / Timeliness, safety
Tujuan / Objective	1. Tergambarnya kecepatan pelayanan laboratorium / The depiction of the timeliness of laboratory servces 2. Tergambarnya sistem yang menunjukan bagaimana nilai kritis dilaporkan dan didokumentasikan untuk menurunkan resiko keselamatan pasien. / The depiction of a system that shows how critical values are reported and documented to reduce patient safety risks.
Definisi Operasional / Operational Definition	1. Hasil kritis adalah hasil pemeriksaan yang termasuk kategori kritis sesuai kebijakan rumah sakit dan memerlukan penatalaksanaan segera. / Critical results are examination results that are categorized as critical according to hospital policy and require immediate management. 2. Waktu lapor hasil kritis laboratorium adalah waktu yang dibutuhkan sejakhasil pemeriksaan keluar dan telah dibaca oleh dokter/analis yang diberi kewenangan hingga dilaporkan hasilnya kepada dokter yang meminta pemeriksaan. / Time for reporting critical laboratory results is the time required since the results of the examination are out and have been read by the authorized doctor/analyst until the results are reported to the doctor who requested the examination. 3. Standar Waktu lapor hasil kritis laboratorium adalah waktu pelaporan < 30 menit. / Standard Time for reporting critical laboratory results is reporting time of < 30 minutes.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah hasil kritis laboratorium yang dilaporkan < 30 menit / Total critical laboratory results reported < 30 minutes
Denominator (penyebut)	Jumlah hasil kritis laboratorium yang survei / Total laboratory critical results surveyed
Target Pencapaian / Achievement Target	100%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Semua hasil pemeriksaan laboratorium yang memenuhi kategori kritis. / All laboratory test results that meet the critical category Kriteria Ekslusi: / Criteria Exclusion: Tidak ada / None
Formula	$\frac{\text{Jumlah Hasil Kritis lab yang dilaporakan < 30 menit / Total critical laboratory results reported < 30 minutes}}{\text{Jumlah hasil kritis lab yang disurvey / Total critical lab results surveyed}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder dari: / Secondary data from: 1. Catatan data Laporan Hasil Tes kritis Laboratorium / Data recorded from critical laboratory test 2. Rekam medik / Medical records
Instrumen Pengambilan Data / Data Collection Instrument	Formulir PHKL / PHKL form
Besar Sampel / Sample Amount	Menggunakan populasi maupun sampel dengan jumlah sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Instalasi Laboratorium / Head of Laboratory Installations

7. Kepatuhan Penggunaan Formularium Nasional

7. National Formulary Usage Complaince

Judul Indikator / Indicator Title	**Kepatuhan Penggunaan Formularium Nasional** / National Formulary Usage Compliance
Dasar Pemikiran / Legal Basis	1. Keputusan Menteri Kesehatan No. HK.02.02/Menkes/137/2016 tentang Formularium Nasional disebutkan bahwa dalam rangka pelaksanaan Jaminan Kesehatan Nasional dan meningkatkan mutu pelayanan kesehatan perlu menjamin aksesibilitas obat yang aman, berkhasiat, bermutu, dan terjangkau dalam jenis dan jumlah yang cukup. / Decree of the Minister of Health No. HK.02.02/Menkes/137/2016 concerning the National Formulary, stipulates that in the context of implementing the National Health Insurance and improving the quality of health services, it is necessary to ensure the accessibility of safe, efficacious, quality, and affordable medicines in sufficient types and quantities. 2. Kepatuhan terhadap formularium dapat meningkatkan efisiensi dalam penggunaan obat-obatan. / Compliance to the formulary can increase efficiency in the use of drugs. 3. Formularium rumah sakit disusun berdasarkan masukan-masukan pemberi layanan, dan pemilihannya berdasarkan kepada mutu obat, rasio resiko dan manfaat, berbasis bukti, efektivitas dan efisiensi. Pengadaan obat-obatan di rumah sakit mengacu kepada formularium rumah sakit. / Hospital formulary is prepared based on input from service providers, and the selection is based on drug quality, risk and benefit ratio, evidence-based, effectiveness and efficiency. Procurement of medicines in hospitals refers to the hospital formulary.
Dimensi Mutu / Quality Dimension	Efisien dan efektif / Efficient and effective
Tujuan / Objective	Terwujudnya pelayanan obat kepada pasien yang efektif dan efisien berdasarkan daftar obat yang mengacu kepada formularium nasional. / The realization of effective and efficient drug services to patients based on a list of prescribed drugs in reference to the national formulary.
Definisi Operasional / Operational Definition	1. Formularium Nasional adalah daftar obat terpilih yang dibutuhkan dan harus tersedia di fasilitas pelayanan kesehatan dalam rangka pelaksanaan JKN. / National Formulary is a list of selected drugs that are needed and must be available at health service facilities in the context of implementing JKN. 2. Kepatuhan Penggunaan Formularium Nasional adalah Peresepan obat oleh DPJP kepada pasien sesuai daftar obat di Formularium Nasional. / National Formulary Usage Compliance is the prescribing of drugs by DPJP to patients according to the list of drugs in the National Formulary.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah R/yang sesuai dengan formularium nasional. / Total prescriptions in accordance with the national formulary
Denominator (penyebut)	Jumlah R/yang disurvei / Total prescriptions surveyed
Target Pencapaian / Achievement Target	≥ 80%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Resep yang dilayani di RS / Prescriptions served at hospital Kriteria Ekslusi: / Criterial Exclusion: 1. Obat yang diresepkan diluar FORNAS tetapi dibutuhkan pasien dan telah mendapatkan persetujuan komite medik dan direktur. / Drugs prescribed outside of FORNAS but is needed for the patient and has been approved by medical committee and director 2. Bila dalam resep terdapat obat diluar FORNAS karena stok obat nasional berdasarkan e-katalog habis/kosong. / Drugs prescribed outside of FORNAS due to the national drugs in reference to the e-catalog are out of stock
Formula	$\frac{\text{Jumlah R/yang sesuai dengan formularium nasional / prescriptions in accordance with the national formulary}}{\text{Jumlah R/yang disurvey / Total prescriptions surveyed}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Lembar resep di Instalasi Farmasi / Pharmacy prescription sheet
Instrumen Pengambilan Data / Data Collection Instrument	Formulir KPFN / KPFN Form
Besar Sampel / Sample Amount	Menggunakan populasi atau besar sampel minimal sesuai dengan referensi Cara pengambilan direkomendasikan menggunakan probability sampling. / Using at least the minimum sample or population in accordance with the reference through the recommended method of probability sampling
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Instalasi Farmasi / Head of Pharmacy Department

8. Kepatuhan Kebersihan Tangan

8. Hand Hygiene Compliance

Judul Indikator / Indicator Title	**Kepatuhan Kebersihan Tangan** / Hand Hygiene Compliance
Dasar Pemikiran / Legal Basis	1. Permenkes No.11 Tahun 2017 tentang Keselamatan Pasien pada pasal 5 ayat 5 mengamanatkan bahwa setiap fasyankes harus mengurangi resiko infeksi akibat perawatan kesehatan. / Permenkes No.11 of 2017 concerning Patient Safety in article 5 paragraph 5 mandates that every health facility must reduce the risk of infection due to health care 2. Permenkes No.27 tahun 2017 tentang Pencegahan dan pengendalian infeksi di Fasyankes, pasal 3 ayat 1 setiap Fasyankes harus melaksanakan program Pencegahan dan Pengendalian Infeksi (PPI). / Permenkes No.27 of 2017 concerning infection prevention and control in health facilities, article 3 paragraph 1 stipulates that every health facility must implement an infection prevention and control program (PPI). 3. Keputusan Menteri Kesehatan Republik Indonesia No.HK.01.07/Menkes/413/2020 Tentang Pedoman Pencegahan Dan Pengendalian *Coronavirus Disease* 2019 (Covid-19) / Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/Menkes/413/2020 concerning Guidelines for the Prevention and Control of Coronavirus Disease 2019 (Covid-19) 4. Rumah sakit harus memperhatikan kepatuhan seluruh pemberi pelayanan dalam melakukan cuci tangan sesuai dengan ketentuan WHO. / Hospitals must pay attention to the compliance of all service providers in washing their hands in accordance with WHO provisions.
Dimensi Mutu / Quality Dimension	Keselamatan / Safety
Tujuan / Objective	Mengukur kepatuhan pemberi layanan kesehatan sebagai dasar untuk memperbaiki dan meningkatkan kepatuhan agar dapat menjamin keselamatan pasien dengan cara mengurangi risiko infeksi yang terkait pelayanan kesehatan / The measurement of healthcare provider compliance as a basis for improving and increasing compliance in order to ensure patient safety by reducing the risk of infection associated with health services
Definisi Operasional / Operational Definition	1. Kebersihan tangan dilakukan dengan mencuci tangan menggunakan sabun dan air mengalir bila tangan jelas kotor atau terkena cairan tubuh, atau menggunakan alkohol (alcohol-based handrubs) bila tangan tidak tampak kotor. / Hand hygiene is done by washing hands with soap and running water if hands are clearly dirty or exposed to body fluids. If they appear to be not visually dirty, alcohol-based handrubs can be used. 2. Kebersihan tangan dilakukan dengan 5 indikasi (*Five moments*) dan momen lainnya serta 6 langkah kebersihan tangan (WHO). / Hand hygiene is carried out with 5 indications (Five moments) and other moments as well as 6 steps for hand hygiene (WHO). 3. Penilaian kepatuhan kebersihan tangan adalah penilaian kepatuhan terhadap petugas yang melakukan kebersihan tangan sesuai dengan 5 indikasi (*Five moments*) yang terdiri dari: / Assessment of hand hygiene compliance is an assessment of compliance with officers who carry out hand hygiene in accordance with 5 indications (Five moments) consisting of: a Sebelum kontak dengan pasien, yaitu sebelum menyentuh pasien (permukaan tubuh atau pakaian pasien). / Before contact with the patient, ie before touching the patient (body surface or patient clothing). b Sesudah Kontak dengan pasien yaitu setelah menyentuh pasien (permukaan tubuh atau pakaian pasien). / After contact with the patient, namely after touching the patient (body surface or clothes). c Sebelum melakukan Prosedur aseptik contoh: Pemasangan intra vena kateter (infus), perawatan luka, pemasangan kateter urin, suctioning, pemberian suntikan dan lain lain / Before performing aseptic procedures, for example: Intravenous catheter (infusion), wound care, urinary catheter placement, suctioning, injection, etc. d Setelah bersentuhan dengan cairan tubuh pasien seperti muntah, darah, nanah, urin, *feces*, produksi drain, dan setelah melepas sarung tangan / After coming into contact with patient body fluids such as vomit, blood, pus, urine, feces, drain production, and after removing gloves e Setelah bersentuhan dengan lingkungan pasien meliputi: menyentuh tempat tidur pasien, linen yang terpasang di tempat tidur, alat-alat di sekitar pasien atau peralatan lain yang digunakan pasien, kertas/lembar untuk menulis yang ada di sekitar pasien. / After touching the patient's environment includes: touching the patient's bed, linens attached to the bed, tools around the patient or other equipment used by the patient, paper/sheet for writing that is around the patient. f Selain itu, kebersihan tangan juga dilakukan pada saat: / In addition, hand hygiene is also carried out: 1) Melepas sarung tangan steril / When taking off sterile gloves 2) Melepas APD / When taking off PPE 3) Setelah kontak dengan permukaan benda mati dan objek termasuk peralatan medis / After contact with inanimate surfaces and objects including medical equipment 4) Setelah melepaskan sarung tangan steril. / After removing sterile gloves. 5) Sebelum menangani obat-obatan atau menyiapkan makanan. / Before handling drugs or preparing food. 4. Moment adalah penilaian saat pelaksanaan kebersihan tangan harus dilakukan / Moment is an assessment when the implementation of hand hygiene must be done 5. Pemberi Pelayanan Kesehatan yang dinilai adalah semua tenaga medis dan tenaga kesehatan yang bertugas di ruang pelayanan/perawatan pasien serta tenaga penunjang yang bekerja sebagai cleaning service, pemulasaran jenazah, sopir ambulan, dan tenaga penunjang yang kontak erat dengan pasien/spesimen. / Health Service Providers assessed are all medical personnel and health workers on duty in patient care/care rooms as well as supporting staff who work as cleaning services, dead body care, ambulance drivers, and supporting staff who are in close contact with patients/ specimens. 6. Auditor adalah orang yang paham dan memiliki kompetensi untuk melakukan penilaian kepatuhan kebersihan tangan dengan metode dan tool yang telah ditentukan. / Auditor is a person who understands and has the competence to conduct an assessment of hand hygiene compliance with predetermined methods and tools. 7. Sesi adalah lama waktu untuk observasi yang dihitung sejak mulai sampai selesai / Session is the length of time for observation which is calculated from start to finish 8. Pengamatan dilakukan maksimal 15 menit dalam satu periode pengamatan / Observations are carried out a maximum of 15 minutes in one observation period
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah orang yang melakukan kebersihan tangan sesuai dengan 5 Indikasi / Total people carrying out hand hygiene in accordance with the 5 indications
Denominator (penyebut)	Jumlah orang yang diamati/observasi / Total people observed

Judul Indikator / Indicator Title	**Kepatuhan Kebersihan Tangan** / Hand Hygiene Compliance
Target Pencapaian / Achievement Target	≥ 85%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Seluruh tenaga medis dan tenaga kesehatan yang bertugas di ruang pelayanan/ perawatan pasien serta tenaga penunjang yang bekerja sebagai cleaning service, pemulasaran jenazah, sopir ambulan, dan tenaga penunjang yang kontak erat dengan pasien/ spesimen yang akan di observasi / All medical personnel working in the patient service room and supporting personnel working as cleaning service, dead body care, ambulance driver, and other supporting personnel in close contact with the observed patients/specimen Kriteria Ekslusi: / Criteria Exclusion: Tidak ada / None
Formula	$\frac{\text{Jumlah orang yang melakukan kebersihan tangan sesuai dengan 5 indikasi / Total people carrying out hand hygiene in accordance with the 5 indications}}{\text{Jumlah orang yang diamati/observasi / Total people observed}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	*Concurrent* (Survei Harian / Daily Survey)
Sumber Data / Data Source	Hasil observasi / Observation result
Instrumen Pengambilan Data / Data Collection Instrument	Formulir Kepatuhan Kebersihan Tangan / Hand Hygiene Compliance Form
Besar Sampel / Sample Amount	Jumlah seluruh tenaga medis dan tenaga kesehatan yang bertugas di ruang pelayanan/ perawatan pasien serta tenaga penunjang yang bekerja sebagai cleaning service, pemulasaran jenazah, sopir ambulan, dan tenaga penunjang yang kontak erat dengan pasien/spesimen yang akan di observasi yang dibagi dalam beberapa periode / All medical personnel working in the patient service room and supporting personnel working as cleaning service, dead body care, ambulance driver, and other supporting personnel in close contact with the observed patients/specimen to be observed are classified into several periods
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Triwulan / Quarterly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Komite PPI RS / PPI Committee of the Hospitals

9. Kepatuhan Terhadap Clinical Pathway (KTCP) 9. Clinical Pathway Compliance (KTCP)

Judul Indikator / Indicator Title	**Kepatuhan Terhadap *Clinical Pathway*** / Clinical Pathway Compliance
Dasar Pemikiran / Legal Basis	1. Undang-Undang No. 29 tahun 2004 tentang Praktik Kedokteran pasal 44 disebutkan bahwa dokter atau dokter gigi dalam menyelenggarakan praktik kedokteran wajib mengikuti standar pelayanan kedokteran atau kedokteran gigi dan pada pasal 49 disebutkan bahwa setiap dokter dan dokter gigi wajib menjalankan kendali mutu dan kendali biaya. / Law No. 29 of 2004 concerning Medical Practice Article 44 states that doctors or dentists in carrying out medical practice are required to follow medical or dental service standards and Article 49 states that every doctor and dentist is obliged to carry out quality control and cost control. 2. Permenkes No.1438/MENKES/PER/IX/2010 tentang Standar Pelayanan Kedokteran pada pasal 10 bahwa Standar Prosedur Operasional disusun dalam bentuk Panduan Praktik Klinis yang dapat dilengkapi dengan alur klinis (*clinical pathway*), *algoritme*, *protokol*, *prosedur* atau *standing order*. / Permenkes No. 1438/MENKES/PER/IX/2010 concerning Medical Service Standards in article 10 that Standard Operating Procedures are prepared in the form of Clinical Practice Guidelines which can be completed with clinical pathways, algorithms, protocols, procedures or standing orders . 3. Untuk menjamin kepatuhan dokter atau dokter gigi dirumah sakit terhadap standar pelayanan maka perlu dilakukan monitor kepatuhan penggunaan *clinical pathway*. / To ensure the compliance of doctors or dentists in hospitals with service standards, it is necessary to monitor compliance on the use of clinical pathways.
Dimensi Mutu / Quality Dimension	Efektif / Effective
Tujuan / Objective	Untuk menjamin kepatuhan dokter atau dokter gigi dirumah sakit terhadap standar pelayanan dan untuk meningkatkan mutu pelayanan klinis dirumah sakit. / Ensuring the compliance of doctors or dentists in hospitals to service standards and to improve the quality of clinical services in the hospital.
Definisi Operasional / Operational Definition	1. *Clinical Pathway* adalah suatu konsep perencanaan pelayanan terpadu/terintegrasi yang merangkum setiap langkah yang diberikan pada pasien, yang berdasarkan standar pelayanan medis, standar pelayanan keperawatan & standar pelayanan Profesional Pemberi Asuhan (PPA) lainnya yang berbasis bukti dengan hasil terukur, pada jangka waktu tertentu selama pasien di rawat di Rumah Sakit. / Clinical Pathway is an integrated/integrated service planning concept that summarizes every step given to the patient, which is based on medical service standards, nursing service standards & other evidence-based Professional Care Providers (PPA) service standards with measurable results, over a period of time. during the patient's stay in the hospital. 2. Kepatuhan terhadap *clinical pathway* adalah proses pelayanan secara terintegrasi yang diberikan kepada pasien oleh DPJP, Perawat, Farmasi, Gizi yang sesuai dengan *clinical pathway* yang ditetapkan Rumah Sakit. / Compliance with clinical pathways is an integrated service process provided to patients by DPJP, Nurses, Pharmacy, Nutrition in accordance with the clinical pathways established by the Hospital. 3. Dinyatakan tidak patuh apabila terdapat varian dalam pelayanan. / It is declared non-compliant if there are variants in the service. 4. Varian adalah perbedaan pelayanan yang diberikan dengan *clinical pathway* yang ditetapkan rumah sakit meliputi komponen: Pemberian Terapi, Pemeriksaan penunjang (Laboratorium dan Radiologi) dan Lama hari rawat (LOS). / Variants are differences in services provided with clinical pathways determined by the hospital including the following components: Providing Therapy, Supporting Examinations (Laboratory and Radiology) and Length of Stays (LOS).
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah proses pelayanan yang sesuai dengan *clinical pathway* / Total service processes in accordance with clinical pathway
Denominator (penyebut)	Jumlah *clinical pathway* yang disurvei / Total clinical pathways surveyed
Target Pencapaian / Achievement Target	80%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Pasien yang menderita penyakit sesuai CP yang diukur / Patients with conditions in accordance with the measured CP Kriteria Ekslusi: / Criteria Exclusion: 1. Pasien yang pulang atas permintaan sendiri selama perawatan. / Patients leaving at own's will during treatement 2. Pasien yang meninggal / Patients died
Formula	$\frac{\text{Jumlah proses pelayanan yang sesuai dengan } \textit{clinical pathway} \text{ / Total service processes in accordance with clinical pathway}}{\text{Jumlah } \textit{clinical pathway} \text{ yang disurvei / Total clinical pathways surveyed}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	*Concurrent* (Survei Harian / Daily Survey)
Sumber Data / Data Source	Data sekunder dari rekam medis pasien / Secondary data from patient medical record
Instrumen Pengambilan Data / Data Collection Instrument	Formulir evaluasi *Clinical Pathway* / Clinical Pathway Evaluation Form
Besar Sampel / Sample Amount	Menggunakan populasi atau besaran sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Triwulan / Quarterly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Bidang Pelayanan Medik, Komite Medik, Komite Keprawatan dan Komite Tenaga Kesehatan lain / Medical Service Department, Medical Committee, Nursing Committee, and Other Healthcare Personnel Committee

10. Kepatuhan Upaya Pencegahan Risiko Pasien Jatuh

10. Patient Fall Risk Prevention Compliance

Judul Indikator / Indicator Title	**Kepatuhan Upaya Pencegahan Risiko Pasien Jatuh** / Patient Fall Risk Prevention
Dasar Pemikiran / Legal Basis	Permenkes No. 11 Tahun 2017 tentang Keselamatan Pasien pada pasal 5 ayat 5 bahwa salah satu Sasaran Keselamatan Pasien adalah mengurangi risiko cedera pasien akibat terjatuh. / Permenkes No. 11 of 2017 concerning Patient Safety in article 5 paragraph 5 stipulates that one of the Patient Safety Goals is to reduce the risk of patient injury due to falls.
Dimensi Mutu / Quality Dimension	Keselamatan / Safety
Tujuan / Objective	Mengukur kepatuhan pemberi pelayanan dalam menjalankan upaya pencegahan jatuh agar terselenggara pelayanan keperawatan yang aman dan mencapai pemenuhan sasaran keselamatan pasien. / Measuring the compliance of service providers in carrying out fall prevention efforts so that safe nursing services are carried out and achieve the fulfillment of safety goals of patients.
Definisi Operasional / Operational Definition	Upaya pencegahan risiko jatuh meliputi: / Efforts to prevent the risk of falling include: 1. Asesment awal risiko jatuh / Initial fall risk assessment 2. Assesment Ulang risiko jatuh / Reassessment of fall risk 3. Intervensi pencegahan risiko jatuh / Fall risk prevention interventions Kepatuhan upaya pencegahan risiko pasien jatuh adalah pelaksanaan ketiga upaya pencegahan jatuh pada pasien rawat inap yang berisiko jatuh sesuai dengan standar yang ditetapkan rumah sakit. / Compliance with patient fall risk prevention efforts is the implementation of the three fall prevention efforts in inpatients who are at risk of falling in accordance with the standards set by the hospital.
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah pasien berisiko tinggi jatuh yang mendapatkan ketiga upaya pencegahan risiko jatuh / Total patients with high fall risk receiving three efforts on fall prevention
Denominator (penyebut)	Jumlah pasien rawat inap berisiko tinggi jatuh yang disurvei / Total inpatients with high fall risk surveyed
Target Pencapaian / Achievement Target	100%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Pasien Rawat inap beresiko tinggi / Inpatients with high risks Kriteria Ekslusi: / Criterial Exclusion: Pasien yang tidak dapat dilakukan asesmen ulang maupun edukasi seperti pasien meninggal, pasien gangguan jiwa yang sudah melewati fase akut, dan pasien menolak intervensi / Patients unavailable for re-assessment or education such as dead patients, patients with mental disorders exceeding the acute phase, and patients refusing interventions
Formula	$\frac{\text{Jumlah pasien berisiko jatuh yang mendapatkan ketiga upaya pencegahan risiko jatuh / Total patients with high fall risk receiving three efforts on fall prevention}}{\text{Jumlah pasien rawat inap yang berisiko jatuh yang di survei / Total inpatients with high fall risk surveyed}} \times 100\ \%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder menggunakan data dari rekam medis / Secondary data from medical records
Instrumen Pengambilan Data / Data Collection Instrument	Formulir KUPRC / KUPRC Form
Besar Sampel / Sample Amount	Menggunakan populasi maupun besar sampel minimal sesuai dengan referensi / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Bulanan / Monthly
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Bidang Keperawatan dan Komite Keselamatan pasien / Nursing Department and Patient Safety Committee

11. Kepuasan Pasien dan Keluarga

11. Patient and Family Satisfaction

Judul Indikator / Indicator Title	**Kepuasan Pasien dan Keluarga** / Patient and Family Satisfaction
Dasar Pemikiran / Legal Basis	1. Undang-Undang No.44 tahun 2009 tentang Rumah Sakit, pada pasal 29 ayat 1 disebutkan bahwa Setiap Rumah Sakit mempunyai kewajiban untuk memberi pelayanan kesehatan yang aman, bermutu, antidiskriminasi dan efektif dengan mengutamakan kepentingan pasien sesuai dengan standar pelayanan Rumah Sakit. / Law No. 44 of 2009 concerning Hospitals, in article 29 paragraph 1 stipulates that every hospital is obliged to provide safe, quality, anti-discriminatory and effective health services by prioritizing the interests of patients in accordance with hospital service standards. 2. Permen PAN-RB No. 14 Tahun 2017 menyebutkan bahwa penyelenggara pelayanan publik wajib melakukan Survei Kepuasan Masyarakat secara berkala minimal 1 kali tahun dan wajib mempublikasikan hasilnya, sebagai pelaksanaan amanah UU No. 25 tahun 2009 tentang Pelayanan Publik. / PAN-RB Regulation No. 14 of 2017 stipulates that public service providers are required to conduct a Community Satisfaction Survey periodically at least once a year and must publish the results, as an implementation of the mandate of Law No. 25 of 2009 concerning Public Services.
Dimensi Mutu / Quality Dimension	Berorientasi Pada Pasien / Patient-Oriented
Tujuan / Objective	Mengukur tingkat kepuasan pasien dan keluarga sebagai dasar upaya-upaya peningkatan mutu dan terselenggaranya pelayanan di semua unit yang mampu memberikan kepuasan pelanggan. / Measuring the level of satisfaction of patients and families as the basis for efforts to improve quality and the implementation of services in all units that are able to provide customer satisfaction.
Definisi Operasional / Operational Definition	1. Kepuasan adalah pernyataan tentang persepsi pelanggan terhadap jasa pelayanan kesehatan yang diberikan oleh rumah sakit. Kepuasan pelanggan dapat dicapai apabila pelayanan yang diberikan sesuai atau melampaui harapan pelanggan. Hal ini dapat diketahui dengan melakukan survei kepuasan pelanggan untuk mengetahui tingkat kepuasan pelanggan dengan mengacu pada kepuasan pelanggan berdasarkan Indeks Kepuasan Masyarakat (IKM). / Satisfaction is a statement on the customer's perception of the health services provided by the hospital. Customer satisfaction can be achieved if the services provided match or exceed customer expectations. This can be seen by conducting a customer satisfaction survey to determine the level of customer satisfaction with reference to customer satisfaction based on the Public Satisfaction Index (IKM). 2. Pemantauan dan pengukuran kepuasan pasien dan keluarga adalah kegiatan untuk mengukur tingkat kesenjangan pelayanan rumah sakit yang diberikan dengan harapan pasien dan keluarga di rawat jalan, rawat inap dan gawat darurat. / Monitoring and measuring patient and family satisfaction is an activity to measure the level of disparity in hospital services provided with the expectations of patients and families in outpatient, inpatient and emergency departments. 3. Pelayanan yang diukur berdasarkan persepsi dan pengalaman pasien dan keluarga terhadap: / Services are measured based on the patient's and family's perceptions and experiences of: a. Fasilitas: sarana, prasarana, alat / Facilities: infrastructures and equipment b. SDM: perawat, dokter, petugas lain / HR: nurses, doctors, and other officers c. Farmasi: kecepatan, sikap petugas, penjelasan penggunaan obat / Pharmacy: speed, attitude of officers, explanation of drug use. d. Administrasi : pendaftaran, ruang tunggu dan pelayanan: kecepatan, kemudahan, kenyamanan / Administration: registration, waiting room and service: speed, accessibility, and convenience
Jenis Indikator / Indikator Type	*Output*
Satuan Pengukuran / Measurement Unit	Nilai Indeks / Index Score
Numerator (pembilang)	Sesuai dengan formula perhitungan survei kepuasan masyarakat berdasarkan Permenpan No. 14 Tahun 2017 / In accordance with the calculation formula of pubic satisfaction index based on Permenpan No. 14 0f 2017
Denominator (penyebut)	Sesuai dengan formula perhitungan survei kepuasan masyarakat berdasarkan Permenpan No. 14 Tahun 2017 / In accordance with the calculation formula of pubic satisfaction index based on Permenpan No. 14 0f 2017
Target Pencapaian / Achievement Target	>76,60
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Semua pasien, keluarga, pengunjung / All patients, families, visitors Kriteria Ekslusi: / Criteria Exclusion: Tidak ada / None
Formula	Sesuai dengan formula perhitungan survei kepuasan masyarakat berdasarkan Permenpan No. 14 Tahun 2017 / In accordance with the calculation formula of pubic satisfaction index based on Permenpan No. 14 0f 2017
Desain Pengumpulan Data / Data Collection Model	*Concurrent* (Survei Harian / Daily Survey)
Sumber Data / Data Source	Kuesioner kepuasan / Satisfaction Questionnaire
Instrumen Pengambilan Data / Data Collection Instrument	Kuesioner kepuasan pasien / Customer Satisfaction Questionnaire
Besar Sampel / Sample Amount	Sesuai dengan formula perhitungan jumlah sampel dalam survei kepuasan masyarakat berdasarkan Permenpan No. 14 Tahun 2017 tentang Pedoman Penyusunan Survei Kepuasan Masyarakat Unit Penyelenggara Pelayanan Publik / In accordance with the calculation formula of pubic satisfaction index based on Permenpan No. 14 0f 2017 concerning Guidelines of the Preparation of the Public Satisfaction Survey Unit for Public Service Providers
Frekuensi Pengumpulan Data / Data Collection Freqency	Minimal satu kali dalam 6 bulan / At least once in 6 months
Periode Pelaporan Data / Data Reporting Period	setiap 6 (enam) bulan / Every 6 (six months)
Periode Analisis Data / Data Analysis Period	setiap 6 (enam) bulan / Every 6 (six months)
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Bagian Humas / Head of Public Relations

12. Kecepatan waktu tanggap Komplain

12. Complaint Response Time

Judul Indikator / Indicator Title	**Kecepatan waktu tanggap Komplain** / Complaint Response Time
Dasar Pemikiran / Legal Basis	1. Undang-Undang No. 44 Tahun 2009 tentang Rumah Sakit. Pasal 32: Hak Pasien dimana mempunyai hak mengajukan pengaduan atas kualitas pelayanan yang didapatkan. / Law No. 44 of 2009 concerning Hospitals, Article 32 stipulates that patients have the rights to file complaints on the quality of services obtained 2. Rumah sakit berkewajiban memberikan pelayanan kesehatan yang aman, bermutu, anti diskriminasi, dan efektif dengan mengutamakan kepentingan pasien sesuai dengan standar pelayanan Rumah Sakit. Apabila selama perawatan pasien merasa bahwa rumah sakit belum menunaikan kewajiban tersebut maka pasien memilik hak untuk mengajukan Komplain. / Hospitals are obliged to provide safe, quality, anti-discriminatory, and effective health services by prioritizing the interests of patients in accordance with hospital service standards. If during treatment the patient feels that the hospital has not fulfilled these obligations, the patient has the right to file a complaint. 3. Untuk itu rumah sakit perlu memiliki unit yang merespon dan menindaklanjuti keluhan tersebut dalam waktu yang telah di tetapkan agar keluhan pasien dapat segera teratasi. / For this reason, the hospital needs to have a unit that responds and follows up on the complaint within the stipulated time so that patient complaints can be resolved immediately.
Dimensi Mutu / Quality Dimension	Berorientasi pada Pasien / Patient-Oriented
Tujuan / Objective	Tergambarnya kecepatan rumah sakit dalam merespon keluhan pasien agar dapat diperbaiki dan ditingkatkan untuk sebagai bentuk pemenuhan hak pasien. / The depiction of the timeliness of the hospital in responding to patient complaints so that it can be repaired and improved as a form of fulfillment of patient rights.
Definisi Operasional / Operational Definition	1. Kecepatan waktu tanggap komplain adalah rentang waktu Rumah sakit dalam menanggapi keluhan tertulis, lisan atau melalui media masa melalui tahapan identfikasi, penetapan grading risiko, analisa hingga tindak lanjutnya. / The timeliness of complaint response time is the hospital's time span in responding to written, verbal or mass media complaints through the stages of identification, risk grading, analysis and follow-up. 2. *Grading* risiko Komplain dan standar waktu tanggap Komplain: / Complaint risk grading and Complaint response time standards: a. *Grading* Merah (Ekstrim) ditanggapi dan ditindaklanjuti maksimal 1 x 24 jam. Kriteria: cenderung berhubungan dengan polisi, pengadilan, kematian, mengancam sistem/kelangsungan organisasi, potensi kerugian material, dan lain-lain. / Red Grading (Extreme) is responded to and followed up a maximum of 1 x 24 hours. Criteria: tend to be related to the police, courts, death, threaten the system/organizational continuity, potential material losses, etc. b. *Grading* Kuning (Tinggi) ditanggapi dan ditindaklanjuti maksimal 3 hari. Kriteria: cenderung berhubungan dengan pemberitaan media, potensi kerugian in material, dan lain-lain. / Yellow Grading (High) is responded to and followed up for a maximum of 3 days. Criteria: tend to be related to media coverage, potential in material losses, and others. c. *Grading* Hijau (rendah) ditanggapi dan ditindaklanjuti maksimal 7 hari. Kriteria: tidak menimbulkan kerugian berarti baik material maupun immaterial / Green grading (low) is responded to and followed up for a maximum of 7 days. Criteria: no material or immaterial harm
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah komplain yang ditanggapi dan ditindaklanjuti sesuai waktu yang ditetapkan berdasarkan grading / Total complaints responded and followed-up in accordance with the predetermined time based on grading
Denominator (penyebut)	Jumlah komplain yang disurvei / Total complaints surveyed
Target Pencapaian / Achievement Target	> 80%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Semua complain (lisan, tertulis, dan media massa) / All complaints (verbal, written, and mass media) Kriteria Ekslusi: / Criteria Exclusion: Tidak ada / None
Formula	$\frac{\text{Jumlah komplain yang ditanggapi dan ditindaklanjuti sesuai waktu yang ditetapkan sesuai dengan grading / complaints responded and followed-up in accordance with the predetermined time based on grading}}{\text{Jumlah kompalin yang disurvei / Total complaints surveyed}} \times 100\,\%$
Desain Pengumpulan Data / Data Collection Model	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder dari catatan Komplain / Secondary data from complaint notes
Instrumen Pengambilan Data / Data Collection Instrument	1. Formulir Komplain / Complaint Form 2. Laporan tindak lanjut Komplain / Complaint Follow-Up Form
Besar Sampel / Sample Amount	Menggunakan populasi atau sampel minimal sesuai dengan referensi. / Using at least the minimum sample or population in accordance with the reference
Frekuensi Pengumpulan Data / Data Collection Freqency	Bulanan / Monthly
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Kepala Bagian Humas / Unit Pengaduan / Bagian yang menangani Komplain / Head of Public Relations / Complaint Unit / Department in charge of Complaints

13. Kepatuhan Penggunaan Alat Pelindung Diri (APD) 13. Personal Protective Equipment (PPE) Usage Compliance

Judul Indikator / Indicator Title	**Kepatuhan Penggunaan Alat Pelindung Diri (APD)** / Personal Protective Equipment (PPE) Usage Compliance
Dasar Pemikiran / Legal Basis	1. Permenkes No.11 Tahun 2017 tentang Keselamatan Pasien pada pasal 5 ayat 5 mengamanatkan bahwa setiap fasyankes harus mengurangi resiko infeksi akibat perawatan kesehatan / Permenkes No.11 of 2017 concerning Patient Safety in article 5 paragraph 5 mandates that every health facility must reduce the risk of infection caused by healthcare services 2. Permenkes No.27 tahun 2017 tentang Pencegahan dan pengendalian infeksi di Fasyankes, pasal 3 ayat 1 setiap Fasyankes harus melaksanakan program Pencegahan dan Pengendalian Infeksi (PPI). / Permenkes No.27 of 2017 concerning infection prevention and control in health facilities, article 3 paragraph 1 stipulates that every health facility must implement an infection prevention and control program (PPI). 3. Keputusan Menteri Kesehatan Republik Indonesia No. HK.01.07/Menkes/413/2020 Tentang Pedoman Pencegahan Dan Pengendalian *Coronavirus Disease* 2019 (Covid-19) / Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/Menkes/413/2020 concerning Guidelines for Prevention and Control of Coronavirus Disease 2019 (Covid-19) / Decree of the Minister of Health of the Republic of Indonesia No. HK.01.07/Menkes/413/2020 concerning Guidelines for Prevention and Control of Coronavirus Disease 2019 (Covid-19) 4. Petunjuk Teknis Alat Pelindung Diri (APD) dalam menghadapi wabah Covid 19 (Dirjen Yankes tahun 2020) / Technical Instructions for Personal Protective Equipment (PPE) in dealing with the Covid 19 outbreak (Directorate General of Health and Health in 2020) 5. Rumah Sakit harus memperhatikan kepatuhan pemberi pelayanan dalam menggunakan APD sesuai dengan prosedur. / Hospitals must pay attention to the compliance of service providers in using PPE in accordance with procedures.
Dimensi Mutu / Quality Dimension	Keselamatan, Efektif / Safety, Effective
Tujuan / Objective	1. Mengukur kepatuhan petugas Rumah Sakit dalam menggunakan APD / Measuring the compliance of hospital staff using PPE 2. Menjaminkeselamatan petugas dan pengguna layanan dengan cara mengurangi risiko infeksi. / Ensuring the safety of officers and service users by reducing the risk of infection.
Definisi Operasional / Operational Definition	1. Alat pelindung diri (APD) adalah perangkat alat yang dirancang sebagai penghalang terhadap penetrasi zat, partikel padat, cair, atau udara untuk melindungi pemakainya dari cedera atau penyebaran infeksi atau penyakit. / Personal protective equipment (PPE) is a device designed as a barrier against the penetration of substances, solid, liquid, or air particles to protect the wearer from injury or the spread of infection or disease. 2. APD digunakan sesuai dengan standar dan indikasi / PPE is used according to standards and indications 3. Indikasi penggunaan APD adalah jika melakukan tindakan yang memungkinkan tubuh atau membran mukosa terkena atau terpercik darah atau cairan tubuh atau kemungkinan pasien terkontaminasi dari petugas. / Indications for the use of PPE are when performing actions that allow the body or mucous membranes to be exposed or splashed with blood or body fluids or the possibility of contamination of the patient from the staff. 4. Kepatuhan penggunaan APD adalah kepatuhan petugas kesehatan dalam menggunakan APD sesuai standar dan indikasi. / Compliance with the use of PPE is the compliance of health workers in using PPE according to standards and indications. 5. Penilaian kepatuhan penggunaan APD adalah penilaian yang dilakukan terhadap petugas kesehatan dalam menggunakan APD saat melakukan tindakan atau prosedur pelayanan kesehatan / Assessment of compliance with the use of PPE is an assessment carried out on healthcare personnel in using PPE when carrying out health service actions or procedures
Jenis Indikator / Indikator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Numerator (pembilang)	Jumlah petugas kesehatan yang menggunakan APD sesuai indikasi dan standar dalam periode Pengamatan / Total Healthcare personnel wearing PPE in accordance with the indications and standards in the observation period
Denominator (penyebut)	Jumlah petugas kesehatan diamati / Total healthcare personnel observed
Target Pencapaian / Achievement Target	100%
Kriteria: / Criteria	Kriteria Inklusi: / Criteria Inclusion: Semua petugas yang terindikasi harus menggunakan APD / All personnel indicated to use PPE Kriteria Eksklusi: / Criteria Exclusion: Tidak ada / None
Formula	$\frac{\text{Jumlah petugas kesehatan yang menggunakan APD sesuai indikasi dan standar dalam periode pengamatan / Healthcare personnel wearing PPE in accordance with the indications and standards in the observation period}}{\text{Jumlah petugas kesehatan yang diamati / Total healthcare personnel observed}} \times 100\,\%$
Desain Pengumpulan Data / Data Collection Model	*Concurrent* (Survei Harian / Daily Survey)
Sumber Data / Data Source	Sumber data primer yaitu melalui observasi / Primary Data through observation
Instrumen Pengambilan Data / Data Collection Instrument	Formulir Observasi / Observation Form
Besar Sampel / Sample Amount	Sampel dihitung sesuai dengan kaidah statistik / Sample is calculated through statistics measurements
Frekuensi Pengumpulan Data / Data Collection Freqency	Harian / Daily
Periode Pelaporan Data / Data Reporting Period	Bulanan / Monthly
Periode Analisis Data / Data Analysis Period	Triwulan / Quarterly
Penyajian Data / Data Presentation	Tabel / Table ☐ *Control Chart* ☐ *Run Chart* ☐
Penanggung Jawab / Person-in-Charge	Penanggung jawab mutu / Person-in-Charge of Quality

Lampiran 2:

PROFIL INDIKATOR MUTU UNTUK PERBAIKAN PROSES LAYANAN MEDIS

Attachment 2:

QUALITY INDICATOR PROFILE FOR IMPROVEMENTS IN MEDICAL SERVICE PROCESSES

1. Waktu Tanggap Pelayanan Dokter di Instalasi Gawat Darurat

1. Emergency Room Physician Response Time

Judul / Title	**Waktu tanggap Pelayanan Dokter di Gawat Darurat** / Emergency Room Physician Response Time
Dimensi Mutu / Quality Dimension	Keselamatan dan efektifitas / Safety and effectivity
Tujuan / Objective	Terselenggaranya pelayanan yang cepat, responsif dan mampu menyelamatkan pasien gawat darurat / Realization of a timely and responsive service that is able to save emergency patients
Definisi Operasional / Operational Definition	Kecepatan pelayanan dokter di gawat darurat adalah Kecepatan pasien dilayani sejak pasien datang sampai mendapat pelayanan dokter (menit) / Timeliness of physician service in the emergency room is the timeliness of patient service from the arrival of the patient until receiving physician service (minute)
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu yang diperlukan sejak kedatangan semua pasien yang di sampling secara acak sampai dilayani dokter / Total cumulative time required since the arrival of all random sample patients until receiving physician service
Denominator	Jumlah seluruh pasien yang di sampling (minimal n = 50) / Total patients in sample (minimum of n = 50)
Sumber Data / Data Source	Sample
Standar / Standard	≤ 5 menit terlayani setelah pasien datang / ≤ 5 minutes receiving service after patient arrived
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Gawat Darurat / Tim Mutu / Panitia Mutu / Head of Emergency Room / Quality Team / Quality Committee

2. Waktu Tunggu di IGD (Setelah Pelayanan) untuk masuk ke Rawat Inap/ Pasien dipulangkan

2. Waiting time in the IGD (After Service) for inpatients/patients discharge of less than 60 minutes

Judul / Title	**Waktu Tunggu di IGD (Setelah Pelayanan) Untuk masuk ke rawat inap/ Pasien dipulangkan kurang dari 1 jam** / Waiting time in the IGD (After Service) for inpatients/patient discharge of less than 1 hour
Dimensi Mutu / Quality Dimension	Keselamatan dan efektifitas / Safety and effectivity
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Waktu tunggu di IGD (setelah pelayanan) untuk masuk ke rawat inap/ pasien dipulangkan adalah ukuran waktu yang diukur setelah pasien selesai pelayanan gawat darurat dan menunggu administrasi untuk kemudian ditransfer ke rawat inap atau sampai waktu dipulangkan (jika pasien pulang) dengan satuan menit. / Waiting time in the IGD (After Service) for inpatients/ patients going home is the time measured after patients has received a complete emergency serving and waiting for the administration to be transferred as inpatient or to be discharged (if being discharged) in minutes.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu yang diperlukan sejak selesai dilakukan pelayanan di IGD sampai pasien ditransfer ke Rawat inap/ dipulangkan. / Total cumulative time needed after IGD service until being transferred as inpatients/discharged
Denominator	Jumlah seluruh pasien yang di sampling (minimal n = 50) / Total patients in sample (minimum of n = 50)
Sumber Data / Data Source	Sample
Standar / Standard	≤ 60 menit setelah selesai dilayani / ≤ 60 minutes after the service
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Gawat Darurat / Tim Mutu / Panitia Mutu / Head of Emergency Room / Quality Team / Quality Committee

3. Konversi Pasien IGD ke Rawat Inap minimal 50% dari Total Kunjungan IGD

3. Conversion of IGD patients to Inpatients at least 50% of total IGD visits

Judul / Title	**Konversi Pasien IGD ke Rawat Inap minimal 50% dari Total kunjungan IGD** / Conversion of IGD patients to Inpatients at least 50% of total IGD visits
Dimensi Mutu / Quality Dimension	Efektifitas / Effectivity
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Konversi dari IGD ke rawat inap adalah jumlah kunjungan IGD yang kemudian setelah dilakukan pemeriksaan dan tindakan di IGD, pasien diputuskan oleh Dokter Spesialis untuk ditransfer ke rawat inap dikarenakan hasil pemeriksaan yang menunjang untuk dilakukan perawatan lanjutan di rawat inap dengan target minimal 50% dari total kunjungan IGD dalam satu bulan. / Conversion of IGD patients to Inpatients is the total IGD visits in which after going through check ups and treatments in the IGD, the patients are decided by Specialist to be transferred as inpatients due to the check up results indicating the needs for further treatment in the inpatient department with the target of at least 50% of the total IGD visits within one month.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif pasien yang datang berobat ke IGD dan dikonversi menjadi rawat inap selama satu bulan. / Total cumulative of IGD patients converted as inpatients within one month
Denominator	Jumlah kumulatif seluruh pasien yang datang berobat ke IGD / Total cumulative of all IGD patients
Sumber Data / Data Source	Numerator / Denominator X 100%
Standar / Standard	Total sample
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	50 % dari total kunjungan IGD / 50% of total IGD visits
Penanggung jawab Pengumpulan data	Kepala Instalasi Gawat Darurat / Tim Mutu / Panitia Mutu / Head of Emergency Room / Quality Team / Quality Committee

4. Ketepatan jam buka pelayanan poliklinik dokter umum dan spesialis

4. Opening hours timeliness of general practitioner and specialist polyclinics

Judul / Title	**Ketepatan jam buka pelayanan poliklinik dokter umum dan spesialis 100%** / Opening hours timeliness of general practitioner and specialist polyclinics of 100%
Dimensi Mutu / Quality Dimension	Efektifitas dan Efisiensi / Effectivity and Efficiency
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Ketepatan jam buka poliklinik dokter umum dan spesialis adalah ketepatan antara jadwal jam buka pelayanan poliklinik dokter umum dan spesialis dengan realisasi jam buka pelayanan setiap harinya. / Opening hours timeliness of general practitioner and specialist polyclinics is the accuracy between the opening hours schedule of general practitioner and specialist polyclinics with the realization of daily opening hours.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif poliklinik dokter umum dan spesialis yang buka pelayanan tepat waktu dalam satu bulan / Total cumulative of general practitioner and specialist polyclinic with timely opening time within one month
Denominator	Jumlah total kumulatif seluruh poliklinik dokter umum dan spesialis yang buka pelayanan dalam satu bulan / Total cumulative of general practitioner and specialist polyclinic open within one month
Sumber Data / Data Source	Numerator / Denominator X 100%
Standar / Standard	Total sample
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	100%
Penanggung jawab Pengumpulan data	Kepala Instalasi Rawat Jalan / Tim Mutu / Panitia Mutu / Head of Outpatient Dept. / Quality Team / Quality Committee

5. Respon time dokter spesialis dan umum dipoliklinik

5. Response time of specialist and general practitioners in the polyclinics

Judul / Title	**Respon Time Pelayanan Dokter Spesialis kurang dari 15 menit dihitung dari pasien pertama diruang tunggu poliklinik.** / Response time of Specialist and General Practitioner of less than 15 minutes from the first patient in the polyclinic waiting room
Dimensi Mutu / Quality Dimension	Efektifitas dan Efisiensi / Effectivity and Efficiency
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Respon time pelayanan dokter spesialis adalah kecepatan waktu yang dibutuhkan oleh dokter spesialis pada saat pertama kali melayani pasien yang sudah menunggu dipoliklinik kurang dari 15 menit, dihitung sejak poliklinik dibuka. / Response time of specialist and general practitioner service is the time required by specialists when first serving patient waiting in the polyclinic of less than 15 minutes since the polyclinic opens.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah dokter spesialis yang melayani pasien pertama di poliklinik dengan respon time ≤ 15 menit / Total specialists serving the first patient with ≤ 15 minutes response time
Denominator	Jumlah total kumulatif dokter spesialis yang melayani pasien di poliklinik dalam satu bulan / Total cumulative of specialists serving patients in polyclinic within one month
Formula	Numerator / Denominator X 100 %
Sumber Data / Data Source	Total sample
Standar / Standard	100%
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Jalan / Tim Mutu / Panitia Mutu / Head of Outpatient Dept. / Quality Team / Quality Committee

6. Konversi pasien poliklinik ke rawat inap

6. Conversion of polyclinic patients to inpatients

Judul / Title	**Konversi Pasien Poliklinik ke Rawat Inap minimal 10% dari Total kunjungan Poliklinik.** / Conversion of polyclinic patients to inpatients at least 10% of total polyclinic visits
Dimensi Mutu / Quality Dimension	Efektifitas / Effectivity
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Konversi pasien poliklinik ke rawat inap adalah jumlah kunjungan pasien poliklinik setelah dilakukan pemeriksaan dan tindakan, pasien diputuskan oleh Dokter Spesialis untuk di rawat inap dikarenakan hasil pemeriksaan yang menunjang untuk dilakukan perawatan lanjutan di rawat inap dengan target minimal 10% dari total kunjungan poliklinik dalam satu bulan. / Conversion of polyclinic patients to inpatients is the total of polyclinic patient visits in which after going through checkups and treatments, the patients are decided by Specialist to be transferred as inpatients due to the checkup results indicating the needs for further treatment in the inpatient department with the target of at least 10% of the total IGD visits within one month.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif pasien yang datang berobat ke poliklinik dan dikonversi menjadi rawat inap selama satu bulan. / Total cumulative of polyclinic patients and converted as inpatients within one month.
Denominator	Jumlah kumulatif seluruh pasien yang di datang berobat ke poliklinik. / Total cumulative of all polyclinic patients
Formula	Numerator / Denominator X 100%
Sumber Data / Data Source	Total sample
Standar / Standard	10 % dari total kunjungan Rawat Jalan / 10% of total Outpatient visits
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Jalan / Tim Mutu / Panitia Mutu / Head of Outpatient Dept. / Quality Team / Quality Committee

7. Kejadian Pulang Paksa

7. Forced Discharge Incident

Judul / Title	**Kejadian Pulang Paksa** / Forced Discharge Incident
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan pelayanan / Effectivity, service continuity
Tujuan / Objective	Tergambarnya penilaian pasien terhadap efektifitas pelayanan rumah sakit / Depiction of patient assessment to the effectivity of hospital service
Definisi Operasional / Operational Definition	Pulang paksa adalah pulang atas permintaan pasien atau keluarga pasien sebelum diputuskan boleh pulang oleh dokter DPJP. / Forced discharge is a discharge upon the patient's or patient's family's request before the discharge is granted by the DPJP physician.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah pasien pulang paksa dalam satu bulan. / Total forced discharge incidents within one month
Denominator	Jumlah seluruh pasien yang di rawat dalam satu bulan. / Total patients treated within one month
Formula	Numerator / Denominator X 100%
Sumber Data / Data Source	Rekam Medis / Medical Records
Standar / Standard	< 3%
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Inap / Tim Mutu / Panitia Mutu / Head of Emergency Room / Quality Team / Quality Committee

8. Kepatuhan Waktu Visite Dokter Spesialis/ DPJP

8. Specialist Visiting Time Compliance

Judul / Title	**Kepatuhan Waktu Visite Dokter Spesialis/ DPJP (KWV)** / Specialist Visiting Time Compliance
Dasar Pemikiran / Legal Basis	1. Undang-Undang no 29 Tahun 2004 tentang Praktik Kedokteran pasal 51 Dokter atau Dokter Gigi dalam praktek kedokteran mempunyai kewajiban memberikan pelayanan medis sesuai dengan standar profesi dan standar prosedur operasional serta kebutuhan medis pasien. Pasal 52 disebutkan bahwa pasien mempunyai hak untuk mendapatkan pelayanan sesuai dengan kebutuhan medis. Undang-undang no 25 tahun 2009 ayat 15 disebutkan bahwa Penyelenggara pelayanan publik berkewajiban melaksanakan pelayanan sesuai standar pelayanan. / Law No. 29 of 2004 concerning Medical Practice Article 51 stipulates that Doctors or dentist in carrying out medical practice is obliged to provide medical services in accordance with professional standards and standard operating procedures as well as the medical needs of patients. Article 52 stipulates that patients have the right to receive services according to their medical needs. Law No.25 of 2009 paragraph 15 stipulates that public service providers are obliged to carry out services in accordance with service standards. 2. Pelayanan kesehatan harus berorientasi kepada kebutuhan pasien bukan kepada keinginan dokter. / Healthcare services must be oriented to the needs of the patient, not to the wishes of the hospital.
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan pelayanan yang berorientasi pada pasien. / Effectivity, patient-oriented service continuity
Tujuan / Objective	Tergambarnya kepatuhan dokter spesialis terhadap ketepatan waktu melakukan visitasi kepada pasien rawat inap / Depiction of specialist compliance with timely visits to inpatients
Definisi Operasional / Operational Definition	Waktu Visit dokter spesialis adalah waktu kunjungan DPJP untuk melihat perkembangan pasien yang menjadi tanggung jawabnya setiap hari termasuk hari libur. Pada saat hari kerja visite dilakukan sebelum jam 14.00 / Specialist Visiting Time is the time of DPJP observing the development of patients under his/her daily responsibility, including on holidays. In weekdays, the visits are carried out before 14.00
Jenis Indikator / Indicator Type	Proses / Process
Satuan Pengukuran / Measurement Unit	Persentase / Percentage
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah visite dokter spesialis sebelum jam buka poliklinik dalam satu bulan / Total specialist visits before polyclinic opening hours within one month
Denominator	Jumlah visite dokter spesialis yang harus divisite pada hari tersebut dalam satu bulan. / Total specialist visits that must be carried out on the day within one month
Formula	Numerator / Denominator X 100 %
Kriteria / Criteria	Kriteria Inklusi: / Criteria Inclusion: Pasien Rawat Inap / inpatients Kriteria Ekslusi: / Criteria Exclusion: • Pasien yang baru masuk rawat inap hari itu / New inpatients on the day • Pasien konsul / Consultation patients
Desain Pengumpulan data / Data Collection Design	Retrospektif / Retrospective
Sumber Data / Data Source	Data sekunder berupa laporan visite rawat inap dalam rekam medik / Secondary data of inpatients visiting report from the medical records
Standar / Standard	80%
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Inap / Tim Mutu / Panitia Mutu / Head of Inpatient Dept. / Quality Team / Quality Committee

9. Waktu Tunggu Pasien Pulang Rawat maksimal 2 jam

9. Waiting Time for Inpatients Discharge of a maximum of 2 hours

Judul / Title	**Waktu tunggu pasien pulang rawat maksimal 2 jam** / Waiting time for inpatients discharge of a maximum of 2 hours
Dimensi Mutu / Quality Dimension	Efektifitas & Efisiensi / Effectivity & Efficiency
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Waktu tunggu pasien pulang rawat adalah waktu tunggu pasien dinyatakan pulang rawat oleh DPJP dari penyelesaian administrasi hingga mendapatkan obat dengan waktu target maksimal 2 jam. / Waiting time for inpatients discharge is the waiting time of patients after being allowed for discharge by DPJP from the administration handling until receiving drugs with the maximum target of 2 hours.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah pasien yang dinyatakan pulang oleh DPJP hingga mendapatkan obat dengan waktu ≤ 2 jam dalam satu bulan. / Total patients allowed to be discharged by DPJP until receiving drugs with ≤ 2 hours waiting time within one month
Denominator	Jumlah seluruh pasien yang dipulangkan oleh DPJP dalam satu bulan / Total patients discharged by DPJP within one month
Formula	Numerator/DenominatorX100%
Sumber Data / Data Source	Total Sampling
Standar / Standard	100%
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Inap / Tim Mutu / Panitia Mutu / Head of Inpatient Dept. / Quality Team / Quality Committee

10. Waktu Tunggu Pemeriksaan Laboratorium Lengkap

10. Waiting time for complete lab examination

Judul / Title	**Waktu Tunggu hasil pelayanan laboratorium lengkap** / Waiting time for complete lab examination
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya pelayanan yang cepat dan responsif dari laboratorium / Realization of a speedy and responsive laboratory service
Definisi Operasional / Operational Definition	Pemeriksaan laboratorium yang dimaksud adalah pelayanan pemeriksaan laboratorium lengkap (Darah lengkap, fungsi ginjal, fungsi liver, GDS, UL, Elektrolit & PT PTT). Waktu tunggu hasil pelayanan laboratorium lengkap adalah tenggang waktu mulai pasien diambil darah sampai dengan menerima hasil yang sudah diekspertisi maksimal 120 Menit. / The laboratory examination is a complete examination which include complete blood, kidney function, liver function, GDS, UL, Electrolyte & PTT. The waiting time for the results of a complete laboratory service is the period from the time blood is drawn from the patient until receiving the results that have been examined with a maximum of 120 minutes.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu tunggu pasien untuk menerima hasil pelayanan laboratorium lengkap yang disurvei dalam satu bulan. / Total cumulative of patient waiting times to receive a complete laboratory service surveyed within one month
Denominator	Jumlah pasien yang diperiksa laboratorium lengkap dilaboratorium yang disurvei dalam bulan tersebut. / Total patients of complete laboratory service surveyed within the month
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	120 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Laboratorium / Head of Laboratory

11. Waktu Tunggu Laboratorium Hematologi dan Urin Lengkap Cito

11. Waiting Time for Complete Hematology and Urine Cytology Examination at the Laboratory

Judul / Title	**Waktu Tunggu hasil pelayanan laboratorium Darah rutin (hemoglobin, hematokrit, leukosit & trombosit) dan urin lengkap cito** / Waiting time for laboratory service on regular blood examination (hemoglobin, hematocrit, leukocyte, and thrombocyte) and complete urine cytology examination at the lab
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya pelayanan yang cepat dan responsif dari laboratorium / Realization of a speedy and responsive laboratory service
Definisi Operasional / Operational Definition	Pemeriksaan laboratorium yang dimaksud adalah pelayanan pemeriksaan laboratorium Darah rutin (hemoglobin, hematokrit, leukosit & trombosit) dan urin lengkap cito. Waktu tunggu hasil pelayanan laboratorium Hematologi dan urin lengkap cito adalah tenggang waktu mulai pasien diambil darah atau sample urin sampai dengan menerima hasil yang sudah diekspertisi maksimal 30 Menit. / The laboratory is routine blood laboratory examination services (hemoglobin, hematocrit, leukocytes & platelets) and complete urine examination at the cito lab. The waiting time for the results of the complete hematology and urine cytology laboratory services is the period from the time the patient's blood or urine is taken until receiving the results that have been checked by experts on a maximum of 30 minutes.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu tunggu pasien untuk menerima hasil pelayanan laboratorium Darah rutin (hemoglobin, hematokrit, leukosit & trombosit) dan urin lengkap cito yang disurvei dalam satu bulan. / Total cumulative of waiting times for patients to receive the results of routine blood laboratory services (hemoglobin, hematocrit, leukocytes & platelets) and complete urine cytology examination surveyed in one month.
Denominator	Jumlah pasien yang diperiksa laboratorium Darah rutin (hemoglobin, hematokrit, leukosit & trombosit) dan urin lengkap cito di laboratorium yang disurvei dalam bulan tersebut. / Total patients of routine blood laboratory examination (hemoglobin, hematocrit, leukocytes & platelets) and complete urine cytology examination surveyed within one month.
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	30 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Laboratorium / Head of the Laboratory

12. Waktu Tunggu Pemeriksaan Radiologi

12. Waiting time for Radiology examination

Judul / Title	**Waktu Tunggu Pemeriksaan Radiologi** / Waiting time for Radiology examination
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya pelayanan yang cepat dan responsif dari Radiologi / Depiction of a speedy and responsive Radiology service
Definisi Operasional / Operational Definition	Pemeriksaan Radiologi yang dimaksud adalah pelayanan pemeriksaan radiologi Rontgen konvensional, CT scan, & USG. Waktu tunggu hasil pelayanan pemeriksaan Radiologi adalah tenggang waktu mulai pasien difoto/ diperiksa sampai dengan menerima hasil yang sudah diekspertisi maksimal 60 Menit. / Radiological examination referred here is radiology examination services including conventional X-rays, CT scan, & USG. The waiting time for the results of the Radiology examination service is the period from the time the patient is examined/the patient's roentgen image is taken until receiving the results that have been checked by experts, a maximum of 60 minutes.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu tunggu pasien untuk menerima hasil pelayanan radiologi rontgen konvensional, CT Scan & USG yang disurvei dalam satu bulan. / Total cumulative of patient waiting times to receive radiology results on conventional roentgen, CT scan & USG surveyed within one month
Denominator	Jumlah pasien yang diperiksa / difoto rontgen konvensional. CT Scan & USG yang disurvei dalam bulan tersebut. / Total patients receiving examination on conventional roentgen, CT scan & USG in the month.
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	60 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Radiologi / Head of Radiology

13. Waktu Tunggu Pelayanan Obat Jadi

13. Waiting Time for Service of Commercial Drugs

Judul / Title	**Waktu Tunggu Pelayanan Obat Jadi** / Waiting time for service of commercial drugs
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya kecepatan pelayanan Farmasi / Depiction of Pharmacy service timeliness
Definisi Operasional / Operational Definition	Waktu tunggu pelayanan obat jadi adalah tenggang waktu mulai pasien menyerahkan resep sampai dengan menerima obat jadi / Waiting time for service of commercial medicine is the period starting from the patient giving the prescription until receiving the commercial drugs
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu tunggu pelayanan obat jadi pasien yang disurvei dalam satu bulan. / Total cumulative of waiting times for commercial drugs service on patients surveyed within one month
Denominator	Jumlah pasien yang disurvei dalam bulan tersebut. / Total patients surveyed on the month
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	20 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Farmasi / Head of Pharmacy Installation

14. Waktu tunggu obat Racikan

14. Waiting time for service of concoction drugs

Judul / Title	**Waktu Tunggu Pelayanan Obat Racikan** / Waiting time for service of concoction drugs
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya kecepatan pelayanan Farmasi / Depiction of Pharmacy service timeliness
Definisi Operasional / Operational Definition	Waktu tunggu pelayanan obat jadi adalah tenggang waktu mulai pasien menyerahkan resep sampai dengan menerima obat racikan / Waiting time for service of commercial medicine is the period starting from the patient giving the prescription until receiving the concoction drugs
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu tunggu pelayanan obat racikan pasien yang disurvei dalam satu bulan. / Total cumulative of waiting times for concoction drugs service on patients surveyed within one month
Denominator	Jumlah pasien yang disurvei dalam bulan tersebut. / Total patients surveyed on the month
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	45 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Farmasi / Head of Pharmacy

15. Respon time Pelayanan Telemedicine 30 Menit

15. Response Time of Telemedicine Service of 30 Minutes

Judul / Title	**Respon Time Pelayanan Telemedicine 30 Menit** / Response time of telemedicine service of 30 Minutes
Dimensi Mutu / Quality Dimension	Efektifitas dan Efisiensi / Effectivity and Efficiency
Tujuan / Objective	Terselenggaranya pelayanan yang cepat dan responsif / Realization of a speedy and responsive service
Definisi Operasional / Operational Definition	Respon time pelayanan telemedicine adalah adalah waktu tunggu mulai dari waktu perjanjian hingga dilayani oleh dokter maksimal 30 menit. / Telemedicine service response time is the waiting time starting from the agreement time until receiving doctor's service, maximum of 30 minutes
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah pasien yang dilayani sejak waktu perjanjian telemedicine sampai dengan dilayani oleh dokter dengan waktu tunggu ≤ 30 menit dalam satu bulan / Total patients served from the telemedicine agreement time being served by doctor with waiting time ≤ 30 minutes within one month
Denominator	Jumlah total kumulatif pasien yang mendaftar telemedicine dalam satu bulan / Total cumulative of patients registered for telemedicine service within on month
Formula	Numerator / Denominator X 100
Sumber Data / Data Source	Total sample
Standar / Standard	100%
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Jalan / Tim Mutu / Panitia Mutu / Head of Outpatient Dept. / Quality Team / Quality Committee

16. Waktu Tunggu Pasien Baru Datang Mendaftar Hingga Selesai Registrasi Maksimal 30 Menit

16. Waiting time for new patients from the registration to the completion of registration with a maximum of 30 minutes

Judul / Title	**Waktu Tunggu Pasien Baru Datang Mendaftar Hingga Selesai Registrasi Maksimal 30 Menit** / Waiting time for new patients from the registration to the completion of registration with a maximum of 30 minutes
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya kecepatan pelayanan Pendaftaran / Depiction of Registration service timeliness
Definisi Operasional / Operational Definition	Waktu tunggu pasien baru datang mendaftar hingga selesai registrasi adalah tenggang waktu mulai pasien melakukan kontak dengan petugas pendaftaran sampai selesainya proses registrasi maksimal 30 menit. / Waiting time for new patients from the registration to the completion of registration is the period starting from the patient being in contact with the registration officer until the completion of the registration process with a maximum of 30 minutes.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu pendaftaran pasien baru hingga selesai registrasi pasien yang disurvei dalam satu bulan. / Total cumulative of new patient waiting time from the registration until its completion surveyed within one month
Denominator	Jumlah pasien yang disurvei dalam bulan tersebut. / Total patients surveyed within the month
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	30 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Jalan / Head of Outpatient Dept.

17. Waktu Tunggu Pasien Lama Datang Mendaftar Hingga Selesai Registrasi Maksimal 10 Menit

17. Waiting time of long-time patients from the registration to the completion of registration with a maximum of 10 minutes

Judul / Title	**Waktu Tunggu Pasien Lama Datang Mendaftar Hingga Selesai Registrasi Maksimal 10 Menit** / Waiting time of long-time patients from the registration to the completion of registration with a maximum of 10 minutes
Dimensi Mutu / Quality Dimension	Efektifitas, Kesinambungan Pelayanan & Efisiensi / Effectivity, Service Continuity & Efficiency
Tujuan / Objective	Tergambarnya kecepatan pelayanan Pendaftaran / Depiction of Registration service timeliness
Definisi Operasional / Operational Definition	Waktu tunggu pasien lama datang mendaftar hingga selesai registrasi adalah tenggang waktu mulai pasien melakukan kontak dengan petugas pendaftaran sampai selesainya proses registrasi maksimal 10 menit. / Waiting time for long-time patients from the registration to the completion of registration is the period starting from the patient being in contact with the registration officer until the completion of the registration process with a maximum of 10 minutes.
Frekuensi Pengumpulan Data / Data Collection Frequency	Setiap bulan / Monthly
Periode Analisa / Analysis Period	Tiga bulan sekali / Quarterly
Numerator	Jumlah kumulatif waktu pendaftaran pasien lama hingga selesai registrasi pasien yang disurvei dalam satu bulan. / Total cumulative of long-time patient waiting time from the registration until its completion surveyed within one month
Denominator	Jumlah pasien yang disurvei dalam bulan tersebut. / Total patients surveyed within the month
Formula	Numerator/Denominator
Sumber Data / Data Source	Total Sampling
Standar / Standard	10 Menit / Minutes
Penanggung jawab Pengumpulan data / Person-in-Charge of Data Collection	Kepala Instalasi Rawat Jalan / Head of Outpatient Dept.

05

ANALISIS DAN PEMBAHASAN MANAJEMEN

Management Discussion and Analysis

ANALISIS DAN PEMBAHASAN MANAJEMEN

Management Discussion and Analysis

Sampai dengan 31 Desember 2021, Perusahaan mencatatkan jumlah Aset sebesar Rp7.448,36 miliar, naik Rp1.615,03 miliar atau 27,69% dibandingkan nilai per 31 Desember 2020 sebesar Rp5.833,33 miliar Jumlah Liabilitas sampai dengan 31 Desember 2021 tercatat sebesar Rp3.617,07 miliar, naik Rp631,78 juta atau 21,16% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.985,29 miliar

"As of December 31, 2021, the Company recorded total assets of Rp. 7,448.36 billion, an increase of Rp. 1,615.03 billion or 27.69% compared to the value on December 31, 2020, which was Rp. 5,833.33 billion. Total Liabilities as of December 31. 2021 was recorded at Rp3,617.07 billion, an increase of Rp631.78 million or 21.16% compared to the value as of December 31, 2020 of Rp2,985.29 billion."

TINJAUAN UMUM

TINJAUAN EKONOMI

Perekonomian global di tahun 2021 mulai berjalan menuju ke arah yang positif dikarenakan mulai kembalinya pemulihan ekonomi secara global dari pandemi Covid-19. Berdasarkan data yang dihimpun oleh International Monetary Fund (IMF), pertumbuhan ekonomi global di tahun 2021 ada di angka 5,9%, kontras dengan pertumbuhan ekonomi yang berada pada zona negatif sebesar 3,1% di tahun 2020.

Pertumbuhan ekonomi pada kelompok negara maju dan berkembang tercatat tumbuh positif di tahun 2021. IMF mencatatkan pertumbuhan ekonomi pada kelompok negara maju sebesar 1,6% dan 3,5% pada kelompok negara berkembang. Pertumbuhan ekonomi di beberapa belahan dunia terus berlanjut. Pemulihan ekonomi global tetap berjalan meskipun berbagai negara mengalami tren perlambatan di akhir tahun 2021, dampak penyebaran varian Delta serta munculnya Omicron sebagai *variant of concern* (VOC) baru juga menambah tantangan terhadap pengendalian pandemi.

Pertumbuhan Ekonomi

	2019	2020	2021
Global / Global	2,4%	-3,1%	5,9%
Negara Maju / Developed Countries	1,6%	-4,5%	5,2%
Negara Berkembang / Developing Countries	3,5%	-2,1%	6,4%

Sumber: IMF (International Monetary Fund)

Pertumbuhan ekonomi nasional turut mengalami pertumbuhan yang positif pada tahun 2021. Badan Pusat Statistik (BPS) mencatatkan pertumbuhan ekonomi sebesar 3,69%, kontras dengan pertumbuhan ekonomi tahun 2020 yang terkontraksi sebesar 2,07%. Meskipun ada pertumbuhan pada tahun 2021 dibanding tahun sebelumnya, adanya ancaman ketidakpastian ekonomi akibat belum pulihnya Covid-19 secara total dapat membuat proyeksi pertumbuhan di tahun selanjutnya akan menjadi sebuah tantangan.

Pertumbuhan Ekonomi Nasional 5 Tahun Terakhir

Tahun / Year	Pertumbuhan Ekonomi Nasional (%) / National Economic Growth (%)
2021	**3,69**
2020	-2,07
2019	5,02
2018	5,17
2017	5,07

Sumber: Badan Pusat Statistik (BPS)

GENERAL OVERVIEW

ECONOMIC OVERVIEW

The global economy in 2021 began to move in a positive direction as the global economic recovers from the Covid-19 pandemic. Based on data compiled by the International Monetary Fund (IMF), global economic growth in 2021 was at 5.9%, in contrast to economic growth which was in the negative zone at 3.1% in 2020.

Economic growth in the developed and developing countries grew positively in 2021. The IMF recorded economic growth in the developed country group and developing country group at 1.6% and 3.5% respectively. Economic growth in several parts of the world continues. The global economic recovery continues even though various countries experience a slowing trend at the end of 2021, the impact of the spread of the Delta variant and the emergence of Omicron as a new variant of concern (VOC) also adds to the challenges of controlling the pandemic.

Economic Growth

Source: IMF (International Monetary Fund)

National economic growth also experienced positive growth in 2021. The Statistics Indonesia (BPS) recorded economic growth at 3.69%, in contrast to the economic growth in 2020 which contracted by 2.07%. Even though there was growth in 2021 compared to the previous year, the threat of economic uncertainty due to the COVID-19 has not fully recovered can make the projection of growth in the following year will be a challenge.

National Economic Growth in the Last 5 Years

Source: Statistics Indonesia (BPS)

Sepanjang tahun 2021, pertumbuhan PDB menurut lapangan usaha yang tertinggi berasal dari Sektor Perdagangan & Reparasi sebesar 4,65%. Sementara sektor Pertanian, Konstruksi, serta Pengolahan hanya mampu mencatatkan pertumbuhan di bawah 4% pada tahun 2021. Jika dibandingkan dengan tahun 2020, angka pertumbuhan ini sudah sangat baik mengingat pada tahun 2020 hampir semua sektor lapangan usaha terkontraksi pertumbuhannya akibat puncak pandemi Covid-19 yang membuat ekonomi tidak stabil. Dengan demikian, pemerintah perlu tetap waspada dan dengan cermat memastikan terciptanya iklim usaha yang lebih baik di tengah ketidakpastian pada tahun mendatang dengan mengeluarkan kebijakan-kebijakan yang diperlukan.

Throughout 2021, the highest GDP growth by business sector came from the Trade & Repair Sector at 4.65%. Meanwhile, the Agriculture, Construction, and Processing sectors were only able to record growth below 4% in 2021. When compared to 2020, this growth rate is very good considering that in 2020 almost all business sectors contracted their growth due to the peak of the Covid-19 pandemic which destabilize the economy. Thus, the government needs to remain cautious and carefully ensure the creation of a better business climate amidst uncertainty in the coming year by issuing the necessary policies.

Kementerian Keuangan (Kemenkeu) mencatatkan bahwa realisasi pendapatan negara mencapai Rp2.003,1 triliun sepanjang 2021. Angka itu tumbuh 21,6% dari periode yang sama tahun sebelumnya yang berada pada angka sebesar Rp1.647,8 triliun. Pencapaian tersebut melampaui target Anggaran Pendapatan Belanja (APBN) 2021 dengan realisasi mencapai 114,9% dari target yang diharapkan. Tercatat, target pendapatan negara dalam APBN tahun ini sebesar RP 1.743,6 triliun.

The Ministry of Finance (Kemenkeu) recorded that the realization of state revenues reached Rp2.003,1 trillion throughout 2021. This figure grew 21.6% from the same period the previous year at Rp1,647.8 trillion. This achievement exceeded the target of the 2021 Budget (APBN) with the realization reaching 114.9% of the expected target. It is noted that the target of state revenue in this year's APBN is Rp1,743.6 trillion.

Secara rinci, realisasi penerimaan negara dari pajak tercatat sebesar Rp1.277,5 triliun pada 2021. Jumlah itu meningkat 19,2% dibandingkan 2020 yang sebesar Rp1.072,1 triliun. Realisasi penerimaan negara bukan pajak (PNBP) tercatat sebesar Rp452 triliun pada 2021. Jumlahnya meningkat 31,5% dibandingkan pada tahun sebelumnya yang sebesar Rp343,8 triliun. Sementara, realisasi penerimaan negara dari kepabeanan dan cukai tercatat sebesar Rp269 triliun sepanjang tahun lalu. Jumlahnya meningkat 26,3% dibandingkan periode yang sama tahun sebelumnya yang sebesar Rp213 triliun.

In detail, the realization of state revenues from taxes was recorded at Rp1,277.5 trillion in 2021. This number increased by 19.2% compared to 2020 at Rp1,072.1 trillion. Realization of non-tax state revenues (PNBP) was recorded at Rp452 trillion in 2021, increased by 31.5% compared to the previous year at Rp343.8 trillion. Meanwhile, the realization of state revenues from customs and excise was recorded at Rp269 trillion last year, increased by 26.3% compared to the same period the previous year at Rp213 trillion.

TINJAUAN INDUSTRI LAYANAN KESEHATAN

Salah satu yang menjadi fokus pengembangan Pemerintah yakni industri sektor kesehatan. Industri kesehatan termasuk di dalamnya industri farmasi, merupakan salah satu sektor yang sangat diutamakan terutama dalam kondisi pandemi saat ini.

Dalam rangka meningkatkan daya saing Indonesia dalam sektor industri, Pemerintah juga mendorong terjadinya transformasi berbasis digital untuk menopang perkembangan industri kesehatan. Transformasi tersebut dapat berperan dalam memudahkan proses distribusi, penguatan jejaring kesehatan, mengefektifkan proses administrasi, dan mendukung performa yang lebih efektif serta efisien.

OVERVIEW OF HEALTHCARE SERVICE INDUSTRY

One of the Government's development focuses is the health sector industry. The health industry, including the pharmaceutical industry, is one sector that is highly prioritized, especially in the current pandemic conditions.

In order to increase Indonesia's competitiveness in the industrial sector, the Government also encourages digital-based transformation to support the development of the healthcare industry. This transformation can play a role in facilitating the distribution process, strengthening healthcare networks, streamlining administrative processes, and supporting more effective and efficient performance.

Berdasarkan data Kementerian Kesehatan, hingga tahun 2021, Indonesia memiliki 241 industri manufaktur farmasi, 17 industri bahan baku farmasi, 132 industri kesehatan tradisional, dan 18 industri produk ekstraksi alam. Berbagai industri tersebut telah mengekspor produk farmasi dan alat kesehatan ke berbagai negara di dunia antara lain Amerika Serikat, Inggris, Vietnam, Belanda, Singapura, dan Korea Selatan. Adapun selama pandemi terdapat peningkatan jumlah industri alat Kesehatan dari yang sebelumnya sekitar 300 perusahaan menjadi lebih dari 800 perusahaan.

Pemerintah mengarahkan kebijakan kesehatan untuk tahun 2021 untuk percepatan pemulihan kesehatan akibat Covid-19 dengan meningkatkan pemerataan sisi suplai, menguatkan koordinasi pusat-daerah dan swasta dan pengadaan vaksin. Selain itu, pemerintah juga tetap mengakselerasi penurunan *stunting* dan program promotif preventif untuk penguatan program generasi unggul.

Sebagai operator grup rumah sakit milik BUMN yang berbekal pengalaman di industri layanan kesehatan, Perusahaan selalu siap untuk menghadapi tantangan yang ada. Peningkatan kapasitas dan pelayanan di seluruh rumah sakit, investasi SDM dan teknologi dan layanan spesialis yang lengkap selalu menjadi prioritas dalam pembentukan strategi usaha yang dibuat setiap tahunnya.

STRATEGI USAHA 2021

Berikut adalah penjelasan mengenai strategi usaha Perusahaan pada tahun 2021:

1. ***Integration & Transformation Program***
   - Integrasi dan transformasi program untuk menyelaraskan praktik-praktik dan nilai yang dianut oleh Rumah Sakit IHC Grup serta memudahkan proses akuisisi di masa mendatang.
   - Implementasi berbagai inisiatif seperti pengembangan infrastuktur IT, penambahan jasa layanan, dan optimisasi specialty *mix*.
   - Mensosialisasikan transformasi tim yang berdedikatif untuk menjalan inisiatif strategis.
2. ***Inorganic/Organic Growth***
   - Pertumbuhan inorganic melalui akuisis atau kerjasama dengan grup Rumah Sakit lainnya.
   - Melakukan ekspansi terhadap rumah sakit yang ada untuk meningkatkan jangkauan populasi di seluruh wilayah
   - Pengembangan *greenfield*, termasuk pengembangan untuk *medical tourism*

Based on data from the Ministry of Health, as of 2021, Indonesia has 241 pharmaceutical manufacturing industries, 17 pharmaceutical raw material industries, 132 traditional health industries, and 18 natural extraction product industries. These various industries have exported pharmaceutical products and medical devices to various countries in the world, including the United States, United Kingdom, Vietnam, Netherlands, Singapore, and South Korea. Meanwhile, during the pandemic, there was an increase in the number of medical equipment industry from around 300 companies to more than 800 companies.

The government directed health policies for 2021 to accelerate health recovery due to Covid-19 by increasing equity on the supply side, strengthening central-regional and private coordination and procurement of vaccines. In addition, the government also continues to accelerate the reduction of stunting and promotive preventive programs to strengthen the superior generation program.

As an operator of a state-owned hospital group with experience in the healthcare industry, the Company is always ready to face the challenges. Capacity building and services in all hospitals, investment in human resources and technology and complete specialist services are always a priority in the formation of business strategies that are made every year.

2021 BUSINESS STRATEGY

The Company's business strategy in 2021 is as follows:

1. **Integration & Transformation Program**
   - Program integration and transformation to align the practices and values of IHC Group Hospitals and facilitate future acquisitions.
   - Implementation of various initiatives such as IT infrastructure development, additional services, and optimization of specialty mix
   - Dissemination of the transformation of a dedicated team to carry out strategic initiatives
2. **Inorganic/Organic Growth**
   - Inorganic growth through acquisition or collaboration with other Hospital groups.
   - Expansion of existing hospitals to increase population reach across the region
   - Greenfield development, including development for medical tourism

3. ***Enhance Level of Clinical Excellence to Optimise Payor Mix***
   - Mempercepat proses *clinical excellence* di Rumah Sakit IHC Grup untuk menyediakan pelayanan yang terbaik di kelasnya, peningkatan kualitas protocol dan infrastruktur yang membuat IHC Grup memiliki keunggulan kompetitif dan alternatif utama selain rumah sakit swasta untuk perawatan pasien yang melalui pembayaran secara langsung.
   - Optimalisasi *payor mix* di internal setiap rumah sakit untuk fokus dalam meningkatkan margin pembayaran langsung serta mengembangkan desain rumah sakit BPJS dalam jaringan grup.
   - Mengambil kembali pangsa pasar mantan pasien Covid-19 melalui segmentasi pasar, protocol Kesehatan, dan pendekatan aspek pemasaran yang memiliki sinergi dengan *telemedicine*.
4. ***Cost Optimisation and Operational Efficiency***
   - Memaksimalkan penggunaan lean management untuk mengoptimalisasi biaya dan membuka peluang baru dalam efisiensi operasional.
   - Optimalisasi pengadaan untuk biaya bahan baku dan SG&A melalui formulasi obat, Kerjasama pengadaan untuk alat-alat medis, dan standarisasi kontrak *outsource*.

TINJAUAN OPERASI PER SEGMEN USAHA

Pertamedika IHC memberikan layanan kesehatan yang komprehensif dan terpadu, dengan dukungan profesional medis, perawatan dan penunjang medis yang berkompeten dan peralatan medis terkini. Layanan kesehatan yang disediakan Perusahaan mencakup pengelolaan pasien Rawat Jalan, Rawat Inap dan Penunjang Medik. Dengan demikian, segmen usaha Perusahaan dapat dibagi menjadi tiga, yaitu:

1. Rawat Inap;
2. Rawat Jalan;
3. Penunjang Medis

Berikut adalah uraian mengenai deskripsi usaha, produktivitas, pendapatan dan profitabilitas dari masing-masing segmen Perusahaan di tahun 2021.

3. Enhance Level of Clinical Excellence to Optimize Payor Mix
   - Acceleration the clinical excellence process at IHC Group Hospitals to provide best-in-class services, improving the quality of protocols and infrastructure that makes IHC Group a competitive advantage and the main alternative to private hospitals for patient care through direct payments.
   - Optimization of internal payor mix for each hospital to focus on increasing direct payment margins and developing BPJS hospital designs within the group network.
   - Taking back market share of former Covid-19 patients through market segmentation, health protocols, and marketing aspect approaches that have synergies with telemedicine
4. **Cost Optimization and Operational Efficiency**
   - Maximize the use of lean management to optimize costs and open up new opportunities in operational efficiency
   - Optimization of procurement for raw material costs and SG&A through drug formulation, Procurement cooperation for medical devices, and standardization of outsource contracts

OPERATIONAL OVERVIEW PER BUSINESS SEGMENT

Pertamedika IHC provides comprehensive and integrated health services with the support of medical professionals, competent medical support and care, and the latest medical equipment. Health services provided by the Company include the management of outpatients, inpatient or hospitalization, and medical support. Thus, the Company's business segments can be divided into three, namely:

1. Inpatient care;
2. Outpatient care; and
3. Medical Support.

Description of the Company's business, productivity, revenue and profitability of each segment in 2021 is as follows.

RAWAT INAP

Deskripsi Usaha

Rawat inap adalah pelayanan medis dan perawatan lanjutan yang diberikan kepada pasien di ruang rawat inap rumah sakit, bila keadaan pasien memerlukan perawatan dan Tindakan medis serta *monitoring* intensif dari para petugas profesional medis dan perawatan. Ruang rawat dewasa ini dibuat senyaman mungkin sesuai dengan kebutuhan biopsikososial-kultural-spiritual dari pasien, untuk menunjang proses perawatan dan kesembuhan pasien.

Produktivitas

Produktivitas Rawat Inap dapat dilihat dari beberapa faktor, antara lain: Jumlah Tempat Tidur, Jumlah Hari Perawatan, *Bed Occupancy Rate* (BOR), *Average Length of Stay* (AvLOS), *Bed Turn Over* (BTO), *Turn Over Interval* (TOI), Jumlah Kunjungan Rawat Inap dan Kunjungan Pihak Ketiga Rawat Inap.

INPATIENT CARE

Business Description

Inpatient care is a medical service and a follow up treatment provided to patients in the hospital's wards, if their condition requires medical care and actions, as well as intensive monitoring from the medical and treatment professionals. Wards for adult inpatients are designed to be highly comfortable in accordance with the bio-psycho-socio-cultural-spiritual needs of the patients to support their treatment and healing process.

Productivity

The productivity of Inpatient Care is reflected in several factors, including the number of beds, number of treatment days, bed occupancy rate (BOR), average length of stay (AvLOS), bed turn over (BTO), turn over interval (TOI), number of inpatient visits, and number of third party inpatient visits.

Produktivitas Rawat Inap Tahun 2020-2021

Productivity of Inpatient Care in 2020-2021

Uraian / Description	2021	2020	Pertumbuhan (%) / Growth (%)
Jumlah Tempat Tidur / Number of Beds	4.632	4.407	5,11
Jumlah Hari Perawatan / Number of Treatment Days	1.012.001	1.044.962	(3,15)
Bed Occupancy Rate (BOR)	61%	65%	(4)
Average Length of Stay (Avg. LOS) (Hari / Day)	4,7	4,5	5,28
Bed Turn Over (BTO)	51,3	54	(5,00)
Turn Over Interval (TOI) (Hari / Day)	2,8	3,2	(12,50)
Jumlah Kunjungan Rawat Inap / Number of Inpatient Visits	242,967	235.022	3,38

Jumlah Tempat Tidur

Jumlah tempat tidur yang dimiliki oleh Perusahaan di tahun 2021 tercatat sebanyak 4.632 tempat tidur, naik 5,11% dibandingkan tahun 2020 sebanyak 4.407 tempat tidur. Peningkatan tersebut disebabkan oleh pembangunan RS Ekstensi khusus COVID-19.

Number of Beds

The number of beds owned by the Company in 2021 was recorded at 4,632 beds, increased by 5.11% compared to 2020 at 4,407 beds. This increase was due to the construction of Extension Hospitals for Covid-19

Jumlah Hari Perawatan

Jumlah Hari Perawatan dihitung berdasarkan jumlah pasien selama satu tahun, sedangkan Jumlah Hari Perawatan dalam sebulan dihitung berdasarkan jumlah pasien yang disensus setiap harinya. Sensus pasien dirawat diadakan setiap jam 23:59 WIB dan dijumlahkan selama setahun. Jumlah Hari Perawatan di tahun 2021 tercatat sebanyak 1.012.001 hari. Hal ini terjadi karena banyaknya kunjungan rawat inap pasien Covid-19 di pertengahan tahun baik di rumah sakit maupun di *safehouse* dimana rata-rata pasien dirawat lebih dari 1 minggu.

Number of Treatment Days

The number of Treatment Days is calculated based on the number of patients in one year, while the Number of Treatment Days in a month is calculated based on the number of patients census each day. A census of treated patients is held every 23:59 WIB and is added up over the year. The number of Treatment Days in 2021 was recorded at 1,012,001 days. This occurred due to the large number of inpatient visits of Covid-19 patients in the middle of the year, both in hospitals and in safehouses, where the average patient was treated for more than 1 week.

Bed Occupancy Rate (BOR)

BOR merupakan proporsi tempat tidur terisi yang ditetapkan sebagai rasio dari hari pelayanan perawatan untuk jumlah tempat tidur dalam periode tertentu. BOR dipengaruhi oleh banyaknya kunjungan rawat inap dan lamanya hari perawatan masing-masing pasien. Perusahaan mencatatkan BOR sebesar 61% pada tahun 2021. Hal tersebut disebabkan oleh:

1. Lonjakan pasien Covid-19 gelombang kedua di pertengahan tahun 2021
2. Dibukanya layanan *safehouse* yang dikelola oleh Rumah Sakit Unit Pertamedika dan Anak Perusahaan
3. Dibukanya Rumah Sakit Ekstensi RSPJ Modular, RSPP Modular Simprug, Rumah Sakit Ekstensi RSPJ Asrama Haji Jakarta, Rumah Sakit Ekstensi Bintang Amin, Asrama Haji Lampung dan Rumah Sakit Ekstensi Pelni Tanjung Duren.

Average Length of Stay (AvLOS)

LOS merupakan lama rawat seorang pasien dan AvLOS adalah rata-rata lama rawat seorang pasien di sebuah rumah sakit. Indikator ini selain memberi gambaran seberapa tinggi efisiensi layanan medis di rumah sakit tersebut, juga dapat memberikan gambaran mutu layanan medis. Secara umum nilai AvLOS yang ideal adalah 3,5-5 hari, menurut Kemenkes RI. Semakin kecil angka AvLOS maka semakin baik bagi Perusahaan.

Di tahun 2021, Perusahaan mencatatkan AvLOS selama 4,7 hari, naik 5,28% dibandingkan tahun 2020 selama 4,5 hari. Peningkatan tersebut disebabkan kunjungan rawat inap pasien dengan Covid-19 dimana membutuhkan masa rawat lebih dari 1 minggu.

Bed Turn Over (BTO)

BTO adalah frekuensi pemakaian tempat tidur pada satu periode, berapa kali tempat tidur dipakai dalam satu satuan waktu tertentu. Idealnya dalam satu tahun, satu tempat tidur rata-rata dipakai 40-50 kali. Di tahun 2021, Perusahaan mencatatkan BTO sebanyak 51,3 kali. Hal tersebut disebabkan oleh penambahan tempat tidur pasien untuk mengakomodir kebutuhan pasien Covid-19 selama tahun 2021.

Turn Over Interval (TOI)

TOI merupakan rata-rata jumlah hari sebuah tempat tidur tidak terisi, yaitu waktu antara sebuah tempat tidur ditinggalkan pasien sampai dengan terisi kembali oleh pasien berikutnya. Idealnya tempat tidur kosong tidak terisi pada kisaran 1-3 hari. Semakin kecil kisarannya semakin baik. Di tahun 2021, Perusahaan mencatatkan TOI selama 2,8 hari, turun 12,50% dari tahun sebelumnya sebesar 3,2 hari.

Bed Occupancy Rate (BOR)

BOR is the proportion of occupied beds defined as the ratio of the days of care for the number of beds in a certain period. BOR is influenced by the number of inpatient visits and the length of days of treatment for each patient. The Company's BOR in 2021 was 61%. The was due to:

1. The second wave of Covid-19 patients in mid-2021
2. The opening of safehouse services managed by Pertamedika Unit Hospital and Subsidiaries
3. The opening of the Modular RSPJ Extension Hospital, Simprug Modular Hospital, Jakarta Hajj Dormitory RSPJ Extension Hospital, Bintang Amin Extension Hospital, Lampung Hajj Dormitory and Tanjung Duren Pelni Extension Hospital.

Average Length of Stay (AvLOS)

LOS is the length of stay for a patient and AvLOS is the average length of stay for a patient in a hospital. This indicator in addition to providing an idea of how high the efficiency of medical services at the hospital is, it can also provide an overview of the quality of medical services. In general, the ideal AvLOS value is 3.5-5 days, according to the Indonesian Ministry of Health. The smaller the AvLOS number, the better for the Company.

The Company's AvLOS in 2021 was 4.7 days, increased by 5.28% compared to 2020 for 4.5 days. The increase was due to inpatient visits of patients with Covid-19 which required a hospitalization period of more than 1 week.

Bed Turn Over (BTO)

BTO is the frequency of using a bed in one period, the number of times the bed is used in a certain time unit. Ideally, in one year, one bed is used on average 40-50 times. The Company's BTO in 2021 was 51.3 times. This was due to the addition of patient beds to accommodate the needs of Covid-19 patients during 2021.

Turn Over Internal (TOI)

TOI is the average number of days a bed is unfilled, which is the time between a bed being left by the patient until it is refilled by the next patient. Ideally the empty bed is unfilled in the 1-3 days range. The smaller the range the better. The Company's TOI in 2021 was 2.8 days, decreased by 12.50% compared to 2020's 3.2 days.

Jumlah Kunjungan Rawat Inap

Jumlah Kunjungan Rawat Inap merupakan jumlah kunjungan seluruh pasien yang melakukan rawat inap selama satu tahun. Jumlah Kunjungan Rawat Inap di tahun 2021 tercatat sebanyak 242.967 kunjungan. Hal ini disebabkan oleh:

1. Lonjakan pasien Covid gelombang kedua di pertengahan tahun 2021
2. Dibukanya layanan *safe house* yang dikelola oleh Rumah Sakit Unit Pertamedika dan Anak Perusahaan
3. Dibukanya Rumah Sakit Ekstensi RSPJ Modular, RSPP Modular Simprug, Rumah Sakit Ekstensi RSPJ Asrama Haji Jakarta, Rumah Sakit Ekstensi Bintang Amin Asrama Haji Lampung dan Rumah Sakit Ekstensi Pelni Tanjung Duren.

Number of Inpatient Visits

The number of Inpatient Visits is the number of visits of all patients who are hospitalized for one year. The number of Inpatient Visits in 2021 was 242,967 visits. This was due to:

1. The second wave of Covid patients spikes in mid-2021
2. Opening of safe house services managed by Pertamedika Unit Hospital and Subsidiaries
3. The opening of the Modular RSPJ Extension Hospital, Simprug Modular Hospital, the Jakarta Hajj Dormitory RSPJ Extension Hospital, the Bintang Amin Extension Hospital for the Lampung Hajj Dormitory and the Tanjung Duren Pelni Extension Hospital.

Pendapatan

Di tahun 2021, Pendapatan Rawat Inap tercatat sebesar Rp2.078,81 miliar, naik Rp842,93 miliar atau 68,20% dibandingkan tahun 2020 sebesar Rp1.235,88 miliar. Peningkatan tersebut disebabkan oleh adanya lonjakan Covid-19 pada pertengahan tahun 2021.

Revenue

Inpatient Revenue in 2021 amounted to Rp2,078.81 billion, increases by Rp842.93 billion or 68.20% compared to 2020 at Rp1,235.88 billion. The increase was due to the spike in Covid-19 in mid-2021.

RAWAT JALAN

Deskripsi Usaha

Rawat jalan adalah pelayanan kepada seorang untuk tujuan pemeriksaan dan lain sebagainya. Selain poliklinik spesialis, Instalasi Gawat Darurat (IGD) juga merupakan bagian dari layanan rawat jalan. Klinik dan Instalasi Gawat Darurat (IGD) merupakan pintu masuk bagi proses rawat tingkat selanjutnya, yaitu layanan rawat inap.

OUTPATIENT CASE

Business Description

Outpatient care is an individual service for the purpose of medical examination and so on. In addition to specialist polyclinics, the emergency unit is also part of outpatient care. Clinics and emergency units are the entry points for the next level of care, namely inpatient service.

Produktivitas

Produktivitas Rawat Jalan 2020-2021

Productivity

Outpatient Productivity in 2020-2021

Uraian / Description	2021	2020	Pertumbuhan (%) / Growth (%)
Jumlah Kunjungan Rawat Jalan / Number of Outpatient Visit	5.844.218	4.024.666	45,21
Kunjungan Pihak Ketiga Rawat Jalan / Number of Third party Outpatient Visit	2.676.900	1.804.870	48,32

Jumlah Kunjungan Rawat Jalan

Jumlah Kunjungan Rawat Jalan merupakan jumlah kunjungan seluruh pasien yang melakukan rawat jalan selama satu tahun. Jumlah Kunjungan Rawat Jalan di tahun 2021 tercatat sebanyak 5.844.218 kunjungan, naik 45,21% dibandingkan tahun 2020 sebanyak 4.024.666 kunjungan. Peningkatan ini disebabkan oleh dibukanya layanan sentra vaksinasi serta vaksinasi *on site* yang dikelola oleh Rumah Sakit Unit Pertamedika dan Anak Perusahaan serta adanya layanan *homecare*, layanan bagi pasien isolasi mandiri dan layanan IHC *Telemedicine*.

Number of Outpatient Visits

The number of Outpatient Visits is the number of visits for all patients who are outpatient for one year. The number of Outpatient Visits in 2021 was recorded at 5,844,218 visits, increased by 45.21% compared to 2020 at 4,024,666 visits. This increase was due to the opening of vaccination center services and on-site vaccinations managed by the Pertamedika Unit Hospital and Subsidiaries as well as homecare services, services for self-isolated patients and IHC Telemedicine services.

Kunjungan Pihak Ketiga Rawat Jalan

Jumlah Kunjungan Rawat Jalan Pihak Ketiga merupakan jumlah kunjungan seluruh pasien Pihak Ketiga yang melakukan rawat jalan selama satu tahun. Jumlah Kunjungan Rawat Jalan Pihak Ketiga di tahun 2021 tercatat sebanyak 2.676.900 kunjungan, naik 48,32% dibandingkan tahun 2020 sebanyak 1.804.870 kunjungan. Peningkatan ini disebabkan kenaikan kunjungan rawat jalan pasien Covid-19 menggunakan jaminan perusahaan dan Kementerian Kesehatan.

Number of Third Party Outpatient Visits

The number of Third Party Outpatient Visits is the number of visits of all Third Party outpatients for one year. The number of Third Party Outpatient Visits in 2021 was recorded as 2,676,900 visits, increased by 48.32% compared to 2020 of 1,804,870 visits. This increase was due to an increase in outpatient visits for Covid-19 patients using company guarantees and the Ministry of Health.

Pendapatan

Di tahun 2021, Pendapatan Rawat Jalan tercatat sebesar Rp1.103,08, naik Rp261,35 atau Rp31,05% dibandingkan tahun 2020 sebesar Rp841,73 miliar. Peningkatan tersebut disebabkan oleh adanya layanan baru *Telemedicine* yang dikembangkan Perusahaan.

Revenue

Outpatient Revenue in 2021 amounted to Rp1,103.08, increased by Rp261.35 billion or 31.05% compared to 2020 at Rp841.73 billion. The increase was due to the existence of new Telemedicine services developed by the Company.

PENUNJANG MEDIS

Deskripsi Usaha

Layanan penunjang medis merupakan layanan kesehatan yang memfokuskan pada pemeriksaan diagnostik untuk menegakkan suatu diagnosis medis, seperti laboratorium klinik, laboratorium patologi, radio diagnostik, dan radio nuklir. Pelayanan penunjang medis juga meliputi unit layanan yang mendukung terapi medis, yaitu farmasi/apotek, bank darah, radio terapi dan rehabilitasi medik.

MEDICAL SUPPORT

Business Description

Medical support is a health service that focuses on diagnostic tests to establish a medical diagnosis such as clinical laboratory, pathological laboratory, radio diagnostic, and radio nuclear. This service also includes the service units supporting medical therapies, namely pharmacy/drugstore, blood bank, radio therapy, and medical rehabilitation.

Produktivitas

Produktivitas Penunjang Medis Tahun 2020-2021

Productivity

Medical Support Productivity in 2020-2021

Uraian / Description	2021	2020	Pertumbuhan (%) / Growth (%)
Jumlah Kunjungan Penunjang Medis / Number of Medical Support Visits	9.604.802	5.776.739	66,27

Jumlah Kunjungan Penunjang Medis merupakan jumlah kunjungan seluruh pasien yang pemeriksaan atau terapi di penunjang medis selama satu tahun. Jumlah Kunjungan Penunjang Medis di tahun 2021 tercatat sebanyak 9.604.802 kunjungan, naik 66,27% dibandingkan tahun 2020 sebanyak 5.776.739 kunjungan. Peningkatan tersebut disebabkan oleh:

1. Lonjakan pasien Covid-19 gelombang kedua di pertengahan tahun 2021
2. Dibukanya PCR dan antigen secara *drive thru*, PCR dan antigen di Rumah Sakit serta PCR dan antigen *on site* Perusahaan yang dikelola oleh Rumah Sakit Unit Pertamedika dan Anak Perusahaan
3. Peningkatan pemeriksaan laboratorium terkait *screening* bagi pasien Covid-19
4. Peningkatan pemeriksaan radiologi terkait *screening* Covid-19

The number of Medical Support Visits is the number of visits of all patients who undergo examination or therapy in medical support for one year. The number of Medical Support Visits in 2021 was recorded at 9,604,802 visits, increased by 66.27% compared to 2020 at 5,776,739 visits. The increase was due to:

1. The second wave of Covid-19 patients in mid-2021
2. Opening of drive-thru PCR and antigen, PCR and antigen at the Hospital as well as PCR and antigen on the Company's site managed by the Pertamedika Unit Hospital and Subsidiaries
3. Increased laboratory examinations related to screening for Covid-19 patients
4. Increased radiological examinations related to Covid-19 screening

Pendapatan

Di tahun 2021, Pendapatan Penunjang Medis tercatat sebesar Rp1.699,37, naik Rp98,62 miliar atau 6,16% dibandingkan tahun 2020 sebesar Rp1.600,75 miliar. Peningkatan tersebut disebabkan oleh adanya lonjakan pasien Covid-19.

KINERJA ENTITAS ANAK

Sampai dengan akhir tahun 2020, Perusahaan memiliki kepemilikan langsung atas 8 (delapan) Entitas Anak. Penjelasan mengenai Entitas Anak disajikan dalam bagian Profil dalam Laporan Tahunan ini. Berikut adalah penjelasan terkait kinerja Entitas Anak Perusahaan di tahun 2021.

PT RUMAH SAKIT PELNI

PT Rumah Sakit Pelni menjadi Anak Perusahaan Pertamedika IHC sejak 31 Maret 2020 melalui proses akuisisi. PT RS Pelni memiliki 1 RS yaitu RS Pelni yang berlokasi di Jalan Aipda KS Tubun Slipi, Jakarta Barat. Layanan unggulannya adalah Hemodialisis, *cathlab,* dan MCU *One Stop Service*.

Persentase kepemilikan Perusahaan terhadap PT Rumah Sakit Pelni adalah 51%.

Aktivitas Usaha PT Rumah Sakit Pelni

1. Perdagangan eceran barang farmasi di Apotek;
2. Perdagangan eceran barang farmasi bukan di Apotek;
3. Perdagangan eceran alat laboratorium, farmasi dan kesehatan;
4. Aktivitas perparkiran di luar badan jalan (*off street parking*);
5. Penyedia akomodasi jangka pendek lainnya;
6. Jasa boga untuk suatu *event* tertentu (*event catering*);
7. Penyedia makanan lainnya;
8. Penerbitan piranti lunak;
9. Aktivitas produksi film, video dan program televisi oleh swasta;
10. Aktivitas pasca produksi film, video dan program televisi oleh swasta;
11. Aktivitas pengembangan aplikasi perdagangan melalui internet (*e-commerce*);
12. Aktivitas pemrograman komputer lainnya;
13. Aktivitas konsultasi komputer dan manajemen fasilitas komputer lainnya;
14. Aktivitas *hosting* dan YBDI;
15. *Real estate* yang dimiliki sendiri atau disewa;
16. Aktivitas konsultasi manajemen lainnya;
17. Pendidikan tinggi program non akademik swasta;
18. Pendidikan kesehatan swasta;
19. Aktivitas rumah sakit swasta;
20. Aktivitas praktik dokter umum;

Revenue

Medical Support Revenue in 2021 amounted to Rp1,699.37, increased by Rp98.62 billion or 6.16% compared to 2020 at Rp1,600.75 billion. The increase was due to a surge in Covid-19 patients.

PERFORMANCE OF SUBSIDIARY

As of the end of 2020, the Company has direct ownership of 8 (eight) Subsidiaries. A description of the Subsidiaries is presented in the Profile chapter of this Annual Report. The following is an explanation regarding the performance of the Subsidiaries in 2020.

PT RUMAH SAKIT PELNI

PT Rumah Sakit Pelni became a Subsidiary of Pertamedika IHC since March 31, 2020 through acquisition process. PT Rumah Sakit Pelni has 1 hospital, namely Pelni Hospital which is located on Jalan Aipda KS Tubun Slipi, West Jakarta. Its flagship services are Hemodialysis, cathlab, and MCU One Stop Service. T

he percentage of the Company's ownership of PT Pelni Hospital is 51%.

Business Activities of PT Rumah Sakit Pelni

1. Retail trade of pharmaceutical goods in pharmacies;
2. Retail trade of pharmaceutical goods in non-pharmacies;
3. Retail trade of laboratory, pharmaceutical, and health equipment;
4. Off street parking activities;
5. Provider of other short-term accommodation;
6. Catering for a particular event (event catering);
7. Provider of other food;
8. Software publishing;
9. Film, video and television program production activities by private sector;
10. Post-production activities of film, video and television programs by private sector;
11. Development of trading applications via the internet (e-commerce);
12. Other computer programming activities;
13. Computer consulting activities and other computer facilities management;
14. Hosting and YBDI activities;
15. Real estate that is owned or leased;
16. Other management consulting activities;
17. Higher non-academic private education programs;
18. Private health education;
19. Private hospitals activities;
20. General practitioner activities;

21. Aktivitas praktik dokter spesialis;
22. Aktivitas praktik dokter gigi;
23. Aktivitas pelayanan kesehatan yang dilakukan oleh paramedis;
24. Aktivitas pelayanan penunjang kesehatan;
25. Aktivitas angkutan khusus pengangkutan orang sakit (*medical evacuation*);
26. Aktivitas pemakaman dan kegiatan YBDI.

21. Specialist doctor activities;
22. Dental practice activities;
23. Health service activities carried out by paramedics;
24. Healthcare support service activities;
25. Special transportation activities for transporting sick patient (medical evacuation);
26. Funeral activities and YBDI activities.

Kinerja PT Rumah Sakit Pelni

Performance of PT Rumah Sakit Pelni

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	650.655	567.104	83.551	14,73%
Beban Usaha / Operating Expense	(555.359)	(538.949)	14.767	2,74%
Laba Usaha / Operating Profit	95.296	28.155	68.784	359,93%
Beban Pajak / Tax Expense	(20.686)	(7.339)	10.489	203,83%
Laba Bersih Tahun Berjalan / Profit for the Year	81.594	34.697	48.535	247,11%
Aset / Assets	823.600	777.934	81.781	11,02%
Liabilitas / Liabilities	240.142	266.089	7.921	2,97%
Ekuitas / Equity	583.458	511.846	73.860	14,43%

Pada tahun 2021, PT Rumah Sakit Pelni mencatatkan Pendapatan Usaha sebesar Rp650,66 miliar, naik Rp83,55 miliar atau 14,73% dibandingkan tahun 2020 sebesar Rp567,10 miliar. Peningkatan tersebut disebabkan oleh Penunjang Medis yang naik sebesar Rp63,60 miliar atau 21,37%, lalu dari Rawat Inap yang naik sebesar Rp27,12 miliar atau 30,29%, dari Rawat Jalan naik Rp25,77 miliar atau 95,38% dan juga dari Pendapatan Umum lainnya naik Rp4,49 miliar atau 28,53%. Dari segi komposisi, jumlah Pendapatan Usaha Perusahaan di akhir tahun 2021 terdiri dari 55,51% Penunjang Medis, 17,93% dari Rawat Inap, 15,34% dari Farmasi, 8,11% dari Rawat Jalan dan 3,11% dari Pendapatan Umum lainnya. Dari sisi produksi juga mengalami kenaikan yaitu BOR di tahun 2021 tercatat 70,89% dengan jumlah pasien Rawat Inap total 22.848 dibandingkan tahun 2020 untuk BOR 56,33% dengan jumlah pasien Rawat Inap 20.411), dari Rawat Jalan di tahun 2021 total 295.768 pasien naik dibandingkan tahun 2020 total pasien 277.544. Dari Penunjang Medis juga beberapa mengalami kenaikan diantaranya, Resep Farmasi di tahun 2021 total 847.065 resep (tahun 2020 = 727.984 resep), pemeriksaan Laboratorium di tahun 2021 total 1.360.370 (tahun 2020 = 978.066), Diagnostic Center juga mengalami kenaikan total di tahun 2021 sebanyak 93.635 pemeriksaan naik dibandingkan tahun lalu sebanyak80.122 pemeriksaan

Revenue of PT Rumah Sakit Pelni in 2021 amounted to Rp650.66 billion, an increase of Rp83.55 billion or 14.73% compared to 2020 at Rp567.10 billion. The increase was caused by Medical Support which increased by Rp63.60 billion or 21.37%, then from Inpatient which increased by Rp27.12 billion or 30.29%, Outpatient which increased by Rp25.77 billion or 95.38%, and also other General Income which increased by Rp4.49 billion or 28.53%. In terms of composition, the Company's total revenues at the end of 2021 consisted of 55.51% Medical Support, 17.93% Inpatient, 15.34% Pharmacy, 8.11% Outpatient, and 3.11% General Income. There was also an increase in production aspect, namely the BOR which was recorded at 70.89% in 2021 with a total of 22,848 Inpatients compared to 2020 at 56.33% BOR with the number of Inpatients 20,411, from Outpatients in 2021 a total of 295,768 patients rose compared to 2020 at 277,544 patients. From Medical Support, there have also been some increases including, Pharmacy Prescriptions at 847,065 prescriptions (in 2020 = 727,984 prescriptions), Laboratory examinations at 1,360,370 (in 2020 = 978,066), Diagnostic Centers also experienced a total increase to 93,635 examinations in 2021 from 80,122 examinations in the previous year.

Beban Usaha PT Rumah Sakit Pelni di tahun 2021 tercatat sebesar Rp555,36 miliar, naik Rp14,7 miliar atau 2,74% dibandingkan tahun 2020 sebesar Rp540,59 miliar. Kenaikan tersebut seiring dengan naiknya Pendapatan di tahun 2021, adapun kenaikan terbesar di Ruang Perawatan yang naik Rp25,4 miliar atau 135%, Rawat Jalan naik Rp8,5 miliar atau 136%, dari segi Beban Operasional kenaikan terbesar di Biaya Gaji naik Rp17,8 miliar atau 124% lalu dari Biaya Administrasi & Umum juga naik sebesar Rp6,5 miliar atau 208%.

Operating Expenses of PT Rumah Sakit Pelni in 2021 were recorded at Rp555.36 billion, an increase of Rp14.7 billion or 2.74% compared to 2020 at Rp540.59 billion. The increase was in line with the increase in Revenue in 2021, while the largest increase was in the Nursing Room which increased by Rp25.4 billion or 135%, Outpatient which increased by Rp8.5 billion or 136%, Operational Expenses which increased mostly in the Salary Expenses of Rp17.8 billion or 124%, and then General & Administration Expenses which also increased by Rp6.5 billion or 208%.

Laba Usaha PT Rumah Sakit Pelni di tahun 2021 tercatat sebesar Rp95,30 miliar, naik Rp68,78 miliar atau 359,93% dibandingkan tahun 2020 sebesar Rp28,16 miliar. Peningkatan tersebut disebabkan oleh naiknya produktivitas di tahun 2021 dan kinerja finansial yang optimal di tahun 2021 merupakan hasil dari upaya strategis Manajemen yang telah diterapkan di tahun tersebut.

Operating profit of PT Rumah Sakit Pelni in 2021 amounted to Rp95.30 billion, an increase of Rp68.78 billion or 359.93% compared to 2020 at Rp28.16 billion. This increase was due to increased productivity in 2021 and optimal financial performance in 2021 as a result of the strategic efforts of the Management that have been implemented in that year.

Laba Bersih Tahun Berjalan PT Rumah Sakit Pelni di tahun 2021 tercatat sebesar Rp81,59 miliar, naik Rp48,5 miliar atau 247% dibandingkan tahun 2020 sebesar Rp33,06 miliar.

Net Profit for the Year of PT Rumah Sakit Pelni in 2021 amounted to Rp81.59 billion, an increase of Rp48.5 billion or 247% compared to 2020 at Rp33.06 billion.

Aset PT Rumah Sakit Pelni di tahun 2021 tercatat sebesar Rp823,6 miliar, naik Rp81,78 miliar atau 11,02% dibandingkan tahun 2020 sebesar Rp741,81 miliar. Peningkatan tersebut disebabkan oleh peningkatan Aset Lancar yang naik sebesar Rp62,84 miliar atau 15,95%. Kenaikan Aset Lancar tersebut berasal dari Kas dan Setara Kas yang bertambah sebesar Rp113,83 miliar atau 42,02% di tahun 2021. Dan untuk Aset Tidak Lancar juga mengalami kenaikan sebesar Rp18,94 miliar atau 5,45% dibanding tahun sebelumnya. Peningkatan tersebut terutama berasal dari nilai Properti Investasi yang mencatatkan kenaikan sebesar Rp18,56 miliar atau 20,34%. Dari segi komposisi, jumlah Aset Perusahaan di akhir tahun 2021 terdiri dari 55,47% Aset Lancar dan 44,53% Aset Tidak Lancar.

Assets of PT Rumah Sakit Pelni in 2021 were recorded at Rp823.6 billion, an increase of Rp81.78 billion or 11.02% compared to 2020 at Rp741.81 billion. Such increase was due to an increase in Current Assets by Rp62.84 billion or 15.95%. The increase in Current Assets came from Cash and Cash Equivalents which increased by Rp113.83 billion or 42.02% in 2021. Non-Current Assets also increased by Rp18.94 billion or 5.45% compared to the previous year. The increase mainly came from the value of Investment Properties which increased by Rp18.56 billion or 20.34%. In terms of composition, the Company's total assets at the end of 2021 consisted of 55.47% Current Assets and 44.53% Non-Current Assets.

Liabilitas PT Rumah Sakit Pelni di tahun 2021 tercatat sebesar Rp240,14 miliar, naik Rp7,92 miliar atau 2,97% dibandingkan tahun 2020 sebesar Rp232,2 miliar. Peningkatan tersebut disebabkan oleh peningkatan Liabilitas Jangka Panjang yang naik sebesar Rp7,49 miliar atau 9,78% dan Liabilitas Jangka Pendek yang naik sebesar Rp424 juta atau 0,27% dibanding tahun sebelumnya. Dari segi komposisi, jumlah Liabilitas Perusahaan di akhir tahun 2021 terdiri dari 64,96% Liabilitas Jangka Panjang dan 35,04% Liabilitas Jangka Pendek.

Liabilities of PT Rumah Sakit Pelni in 2021 amounted to Rp240.14 billion, an increase of Rp7.92 billion or 2.97% compared to 2020 at Rp232.2 billion. Such increase was due to an increase in Non-Current Liabilities by Rp7.49 billion or 9.78% and Current Liabilities which increased by Rp424 million or 0.27% compared to the previous year. In terms of composition, the Company's total liabilities at the end of 2021 consisted of 64.96% Non-Current Liabilities and 35.04% Current Liabilities.

Ekuitas PT Rumah Sakit Pelni di tahun 2021 tercatat sebesar Rp583,46 miliar, naik Rp73,86 miliar atau 14,43% dibandingkan tahun 2020 sebesar Rp509,60 miliar. Peningkatan tersebut disebabkan oleh peningkatan Laba Bersih yang tercapai di tahun 2021 sebesar Rp81,59 miliar, naik Rp48,53 miliar atau 247% dibandingkan dengan pencapaian tahun sebelumnya.

Equity of PT Rumah Sakit Pelni in 2021 amounted to Rp583.46 billion, an increase of Rp73.86 billion or 14.43% compared to 2020 at Rp509.60 billion. Such increase was due to an increase in Net Profit by Rp81.59 billion in 2021, an increase of Rp48.53 billion or 247% compared to the previous year's achievement.

Dividen yang Diberikan PT Rumah Sakit Pelni

Jumlah dividen yang diperoleh Perusahaan dari PT Rumah Sakit Pelni tercatat sebesar Rp6,61 miliar

Dividends Distributed by PT Rumah Sakit Pelni

Dividends obtained by the Company from PT Rumah Sakit Pelni amounted to Rp6.61 billion.

PT RUMAH SAKIT PELABUHAN

PT Rumah Sakit Pelabuhan menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT RS Pelabuhan memiliki 4 RS dan 3 unit usaha sebagai berikut:

- RS Pelabuhan Jakarta
- RS Pelabuhan Cirebon
- RS Pelabuhan Palembang
- RS Port Medical Centre
- Bapel JPKM
- Orchid Griya Nutrisi
- Klinik Pelabuhan

Persentase kepemilikan Perusahaan terhadap PT Rumah Sakit Pelabuhan adalah 67%.

PT RUMAH SAKIT PELABUHAN

PT Rumah Sakit Pelabuhan has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT RS Pelabuhan has 4 hospitals and 3 business units as follows:

- RS Pelabuhan Jakarta
- RS Pelabuhan Cirebon
- RS Pelabuhan Palembang
- RS Port Medical Centre
- Bapel JPKM
- Orchid Griya Nutrisi
- Port Clinic

The percentage of the Company's ownership of PT Rumah Sakit Pelabuhan is 67%.

Aktivitas Usaha PT Rumah Sakit Pelabuhan

1. Pelayanan kesehatan;
2. Pendidikan dan pelatihan kesehatan;
3. Pelayanan jasa konsultan manajemen kesehatan;
4. Pelayanan asuransi kesehatan;
5. Pelayanan gizi masyarakat;
6. Pelayanan kebugaran kesehatan;
7. Pelayanan jasa jaminan pemeliharaan Kesehatan masyarakat (JPKM); dan
8. Jasa boga dan umum

Business Activities of PT Rumah Sakit Pelabuhan

1. Healthcare services;
2. Health education and training;
3. Health management consultant services;
4. Health insurance services;
5. Community nutrition services;
6. Health fitness services;
7. Public health care insurance services (JPKM); and
8. Culinary and general services

Kinerja PT Rumah Sakit Pelabuhan

Performance of PT Rumah Sakit Pelabuhan

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	634.454	466.394	168.060	36,03%
Beban Usaha / Operating Expense	(530.744)	(472.301)	(58.443)	(12,37%)
Laba Usaha / Operating Profit	103.711	(5.367)	109.078	2032,38%
Beban Pajak / Tax Expense	(10.487)	(8.400)	(2.087)	(24,85%)
Laba Bersih Tahun Berjalan / Profit for the Year	66.401	(23.756)	90.157	379,51%
Aset / Assets	707.154	558.024	149.130	26,72%
Liabilitas / Liabilities	602.139	521.192	80.947	15,53%
Ekuitas / Equity	105.015	36.832	68.183	185,12%

Pada tahun 2021, PT Rumah Sakit Pelabuhan mencatatkan Pendapatan Usaha sebesar Rp634,45 miliar, naik Rp168,06 miliar atau 36,54% dibandingkan tahun 2020 sebesar Rp466,39 miliar. Peningkatan tersebut disebabkan oleh terjadinya pandemi Covid-19 yang melanda Indonesia sejak bulan Maret 2020, berdampak signifikan pada peningkatan kinerja pendapatan PT RS Pelabuhan.

Revenue of PT Rumah Sakit Pelabuhan in 2021 amounted to Rp634.45 billion, an increase of Rp168.06 billion or 36.54% compared to 2020 at Rp466.39 billion. This increase was caused by the Covid-19 pandemic that hit Indonesia since March 2020, which had a significant impact on increasing the revenue performance of PT RS Pelabuhan.

Beban Usaha PT Rumah Sakit Pelabuhan di tahun 2021 tercatat sebesar Rp530,74 miliar, naik Rp58,44 miliar atau 12,37% dibandingkan tahun 2020 sebesar Rp472,30 miliar. Peningkatan tersebut disebabkan oleh meningkatknya beban variabel yang berkaitan dengan peningkatan pendapatan terkait pelayanan Covid-19. Selain itu, juga terdapat beban-beban yang digunakan untuk merubah ruang perawatan menjadi ruang perawatan Covid-19.

Operating Expenses of PT Rumah Sakit Pelabuhan in 2021 were recorded at Rp530.74 billion, an increase of Rp58.44 billion or 12.37% compared to 2020 at Rp472.30 billion. Such increase was due to an increase in variable expenses related to an increase in income related to Covid-19 services. In addition, there are also expenses used to convert the treatment room into a Covid-19 treatment room.

Laba Usaha PT Rumah Sakit Pelabuhan di tahun 2021 tercatat sebesar Rp103,71 miliar, sedangkan di tahun 2020 PT Rumah Sakit Pelabuhan mencatatkan Rugi Usaha sebesar Rp5,37 miliar. Sejalan dengan penjelasan peningkatan pendapatan, peningkatan kinerja Laba Usaha tersebut disebabkan adanya pandemi Covid-19 di Indonesia.

Operating Profit of PT Rumah Sakit Pelabuhan in 2021 amounted to Rp103.71 billion, while in 2020 PT Rumah Sakit Pelabuhan recorded an Operating Loss at Rp5.37 billion. In line with the explanation of the increase in revenue, the increase in Operating Profit performance was due to the Covid-19 pandemic in Indonesia.

Laba Bersih Tahun Berjalan PT Rumah Sakit Pelabuhan di tahun 2021 tercatat sebesar Rp66,40 miliar, naik Rp90,16 miliar atau 379,51% dibandingkan tahun 2020 yang hanya menghasilkan rugi bersih sebesar Rp23,76 miliar. Peningkatan tersebut disebabkan adanya pandemi Covid-19 di Indonesia.

Net Profit for the Year of PT Rumah Sakit Pelabuhan in 2021 amounted to Rp66.40 billion, an increase of Rp90.16 billion or 379.51% compared to 2020 which only resulted in a net loss of Rp23.76 billion. The increase was due to the Covid-19 pandemic in Indonesia.

Aset PT Rumah Sakit Pelabuhan di tahun 2021 tercatat sebesar Rp707,15 miliar, naik Rp149,13 miliar atau 26,72% dibandingkan tahun 2020 sebesar Rp558,02 miliar. Peningkatan ini disebabkan meningkatnya aset lancar Perusahaan seperti Kas dan Setara Kas dan Piutang Usaha akibat dari banyaknya pelayanan kepada pasien Covid-19.

Assets of PT Rumah Sakit Pelabuhan in 2021 were recorded at Rp707.15 billion, an increase of Rp149.13 billion or 26.72% compared to 2020 at Rp558.02 billion. This increase was due to the increase in the Company's current assets such as Cash and Cash Equivalents and Accounts Receivable as a result of the many services to Covid-19 patients.

Liabilitas PT Rumah Sakit Pelabuhan di tahun 2021 tercatat sebesar Rp602,14 miliar, naik Rp80,95 miliar atau 15,53% dibandingkan tahun 2020 sebesar Rp521,19 miliar. Peningkatan tersebut disebabkan oleh peningkatan pada akun Utang Usaha, Pinjaman Bank Jangka Pendek, Hutang Pajak, dan Pinjaman Bank Jangka Panjang.

Liabilities of PT Rumah Sakit Pelabuhan in 2021 were recorded at Rp602.14 billion, an increase of Rp80.95 billion or 15.53% compared to 2020 at Rp521.19 billion. The increase was due to an increase in Accounts Payable, Short-Term Bank Loans, Taxes Payable, and Long-Term Bank Loans.

Ekuitas PT Rumah Sakit Pelabuhan di tahun 2021 tercatat sebesar Rp105,02miliar, naik Rp68,18 miliar atau 185,12% dibandingkan tahun 2020 sebesar Rp36,83 miliar. Peningkatan tersebut disebabkan oleh peningkatan Laba Tahun Berjalan.

Equity of PT Rumah Sakit Pelabuhan in 2021 was recorded at Rp105.02 billion, an increase of Rp68.18 billion or 185.12% compared to 2020 at Rp36.83 billion. The increase was due to an increase in Profit for the Year.

Dividen yang Diberikan PT Rumah Sakit Pelabuhan

Jumlah dividen yang diperoleh Perusahaan dari PT Rumah Sakit Pelabuhan adalah sebesar 0 (nol) rupiah dengan perincian sebagai berikut:

Dividends Distributed by PT Rumah Sakit Pelabuhan

The amount of dividends obtained by the Company from PT Rumah Sakit Pelabuhan is 0 (zero) rupiah with the following details:

Dividen 2019 yang dibayarkan tahun 2020 sebesar 0 (nol) rupiah. Hal ini disebabkan pada tahun 2019 PT Rumah Sakit Pelabuhan baru menarik pinjaman Bank (Februari 2019), sehingga Pemegang Saham membebaskan penarikan dividen.

The 2019 dividend paid in 2020 was 0 (zero) rupiah. This is because PT Rumah Sakit Pelabuhan has just withdrawn a bank loan in 2019 (February 2019), so that the Shareholders are free to withdraw dividends.

Deviden 2020 yang dibayarkan tahun 2021 sebesag 0 (nol) rupiah. Hal ini disebabkan tahun 2020 PT Rumah Sakit Pelabuhan mengalami kerugian, sehingga tidak ada dividen yang dapat dibagikan kepada para Pemegang Saham.

The 2020 dividend paid in 2021 is 0 (zero) rupiah. This is because in 2020 PT Rumah Sakit Pelabuhan suffered a loss, so that no dividends could be distributed to shareholders.

PT BAKTI TIMAH MEDIKA

PT Bakti Timah Medika menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT Bakti Timah Medika memiliki 4 RS sebagai berikut:

- RS Bakti Timah Pangkal Pinang
- RS Bakti Timah Karimun
- RS Bakti Timah Muntok
- RS Medika Stannia Sungailiat

Persentase kepemilikan Perusahaan terhadap PT Bakti Timah Medika adalah 67%.

Aktivitas Usaha PT Bakti Timah Medika

1. Menjalankan usaha di bidang Jasa Kesehatan dan Kegiatan Sosial meliputi jasa Rumah sakit, Klinik, Poliklinik dan Balai Pengobatan lainnya seperti jasa pelayanan kesehatan yang dilakukan oleh paramedis, tradisional dan jasa pelayanan penunjang kesehatan lainnya untuk kepentingan masyarakat seluas-luasnya.
2. Menjalankan usaha di bidang pengelolaan Rumah Sakit, Klinik, Poliklinik dan Balai kesehatan beserta segala sarana dan prasarana pendukung kegiatan serta lingkup usaha yang terkait dalam arti kata yang seluas-luas nya.
3. Menjalankan usaha di bidang Rumah Sakit Spesialis dan Poliklinik Spesialis antara lain namun tidak terbatas pada Rumah Sakit atau Poliklinik Mata, Spesialis Telinga Hidung dan Tenggorokan (THT), Spesialis Kulit, Spesialis Kejiwaan (Psikiatri), Spesialis Paru Paru, Spesialis Kanker, dan Pelayanan penunjang kesehatan lainnya seperti laboratorium, sanatorium serta kegiatan usaha terkait dalam arti kata yang seluas-luasnya.
4. Menjalankan usaha di bidang Rumah Sakit Bersalin, Klinik dan atau Poliklinik termasuk akan tetapi tidak terbatas untuk ibu dan balita serta kegiatan usaha terkait
5. Melakukan usaha usaha lain yang terkait baik secara langsung maupun tidak langsung dengan jasa Rumah Sakit, Klinik, Pusyandik dan kegiatan lain yang terkait dalam arti kata yang seluas-luasnya.

PT BAKTI TIMAH MEDIKA

PT Bakti Timah Medika has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT Bakti Timah Medika has 4 hospitals as follows:

- RS Bakti Timah Pangkal Pinang
- RS Bakti Timah Karimun
- RS Bakti Timah Muntok
- RS Medika Stannia Sungailiat

The Company's percentage ownership of PT Bakti Timah Medika is 67%.

Business Activities of PT Bakti Timah Medika

1. Running a business in the field of Health Services and Social Activities including Hospitals, Clinics, Polyclinics and other Medical Centers such as health services performed by paramedics, traditional, and other health support services for the benefit of the wider community.
2. Running a business in the management of hospitals, clinics, polyclinics and health centers along with all facilities and infrastructure to support activities and the scope of business related to the broadest meaning of the word
3. Running a business in the Specialist Health Center and Specialist Polyclinic, including but not limited to Hospitals or Eye Polyclinics, Ear Nose and Throat (ENT) Specialists, Dermatologists, Psychiatric Specialists, Lung Specialists, Cancer Specialists, and health support services others such as laboratories, sanatoriums and related business activities in the broadest sense of the word.
4. Running a business in the field of Maternity Clinic, Clinic and/or Polyclinic including but not limited to mothers and toddlers as well as related business activities.
5. Conducting other business activities that are directly or indirectly related to the services of Hospitals, Clinics, Pusyandik and other related activities in the broadest meaning of the word.

Kinerja PT Bakti Timah Medika

Performance of PT Bakti Timah Medika

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	447.672	313.807	133.865	42,66%
Beban Usaha / Operating Expense	(419.767)	(348.699)	(71.068)	(20,38%)
Laba Usaha / Operating Profit	27.905	(34.893)	62.798	179,97%
Beban Pajak / Tax Expense	(440)	(229)	(211)	(92,14%)
Laba Bersih Tahun Berjalan / Profit for the Year	19.031	(29.690)	48.721	164,10%
Aset / Assets	449.859	411.908	37.951	9,21%
Liabilitas / Liabilities	266.254	260.541	5.713	2,19%
Ekuitas / Equity	183.605	151.367	32.238	21,30%

Pada tahun 2021, PT Bakti Timah Medika mencatatkan Pendapatan Usaha sebesar Rp447,67 miliar, naik Rp133,87 miliar atau 42,66% dibandingkan tahun 2020 sebesar Rp313,81 miliar. Peningkatan tersebut disebabkan oleh meningkatnya jumlah kunjungan pasien secara keseluruhan jika dibanding tahun 2020

Revenue of PT Bakti Timah Medika in 2021 amounted to Rp447.67 billion, an increase of Rp133.87 billion or 42.66% compared to 2020 at Rp313.81 billion. This increase was due to the increase in the number of patient visits as a whole compared to 2020.

Beban Usaha PT Bakti Timah Medika di tahun 2021 tercatat sebesar Rp419,77 miliar, naik Rp71,07 miliar atau 20,38% dibandingkan tahun 2020 sebesar Rp348,70 miliar. Peningkatan tersebut seiring dengan meningkatnya jumlah kunjungan pasien tahun 2021

PT Bakti Timah Medika's Operating Expenses in 2021 were recorded at Rp419.77 billion, an increase of Rp71.07 billion or 20.38% compared to 2020 at Rp348.70 billion. This increase was in line with the increasing number of patient visits in 2021.

Laba Usaha PT Bakti Timah Medika di tahun 2021 tercatat sebesar Rp27,91 miliar, sedangkan di tahun 2020 PT Bakti Timah Medika mencatatkan Rugi Usaha sebesar Rp34,89 miliar. Peningkatan Laba Usaha tersebut dipengaruhi meningkatnya kunjungan pasien.

Operating Profit of PT Bakti Timah Medika in 2021 amounted to Rp27.91 billion, while in 2020 PT Bakti Timah Medika recorded an Operating Loss of Rp34.89 billion. The increase in operating profit was influenced by the increase in patient visits.

Laba Bersih Tahun Berjalan PT Bakti Timah Medika di tahun 2021 tercatat sebesar Rp19,03 miliar, naik Rp48,72 miliar atau 164,10% dibandingkan tahun 2020 yang mencatat kerugian sebesar Rp29,69 miliar. Peningkatan tersebut terjadi karena adanya peningkatan kunjungan pasien.

Net Profit for the Year of PT Bakti Timah Medika in 2021 amounted to Rp19.03 billion, an increase of Rp48.72 billion or 164.10% compared to 2020 which recorded a loss of Rp29.69 billion. This increase was due to an increase in patient visits.

Aset PT Bakti Timah Medika di tahun 2021 tercatat sebesar Rp449,86 miliar, naik Rp37,95 miliar atau 9,21% dibandingkan tahun 2020 sebesar Rp411,91 miliar. Peningkatan tersebut terjadi pada peningkatan Saldo Kas dan Setara Kas yang signifikan karena adanya pembayaran yang diterima pada akhir tahun yang dilakukan oleh Kemenkes RI atas pelayanan Covid-19

Assets of PT Bakti Timah Medika in 2021 were recorded at Rp449.86 billion, an increase of Rp37.95 billion or 9.21% compared to 2020 at Rp411.91 billion. This increase occurred in a significant increase in Cash Balance and Cash Equivalents due to payments received at the end of the year made by the Indonesian Ministry of Health for Covid-19 services.

Liabilitas PT Bakti Timah Medika di tahun 2021 tercatat sebesar Rp266,25 miliar, naik Rp5,71 miliar atau 2,19% dibandingkan tahun 2020 sebesar Rp260,54 miliar. Peningkatan tersebut disebabkan oleh adanya pencatatan utang kepada Pemegang Saham lama atas beban pajak tahun 2017 dan 2019 yang menjadi beban pemegang saham lama.

Liabilities of PT Bakti Timah Medika in 2021 amounted to Rp266.25 billion, an increase of Rp5.71 billion or 2.91% compared to 2020 at Rp260.54 billion. The increase was due to the recording of debt to the previous Shareholders for the 2017 and 2019 tax expenses which were borne by the previous shareholders.

Ekuitas PT Bakti Timah Medika di tahun 2021 tercatat sebesar Rp183,61 miliar, naik Rp32,24 miliar atau 21,30% dibandingkan tahun 2020 sebesar Rp151,37 miliar. Peningkatan tersebut disebabkan oleh peningkatan modal sendiri yang dihasilkan dari Laba Tahun Berjalan.

Equity of PT Bakti Timah Medika in 2021 amounted to Rp183.61 billion, an increase of Rp32.24 billion or 21.30% compared to 2020 at Rp151.37 billion. The increase was due to an increase in own capital generated from Profit for the Year.

Dividen yang Diberikan PT Bakti Timah Medika

Tidak ada dividen yang diberikan oleh PT Bakti Timah Medika kepada Perusahaan.

Dividends Distributed by PT Bakti Timah Medika

There was no dividend distributed by PT Bakti Timah Medika to the Company.

PT PELINDO HUSADA CITRA

PT Pelindo Husada Citra menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT Pelindo Husada Citra memiliki 1 RS yaitu RS PHC yang berlokasi di Jl Prapat Kurung Selatan Surabaya. Layanan unggulannya adalah *Orthopaedic Centre*, layanan jantung dan MCU. Persentase kepemilikan Perusahaan pada PT Pelindo Husada Citra adalah 67%.

PT PELINDO HUSADA CITRA

PT Pelindo Husada Citra has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT Pelindo Husada Citra has 1 hospital, namely the PHC Hospital which is located on Jl Prapat Kurung Selatan, Surabaya. Its flagship services are Orthopedic Centre, cardiac and MCU services. The Company's percentage of ownership in PT Pelindo Husada Citra is 67%.

Aktivitas Usaha PT Pelindo Husada Citra

1. Menyediakan pelayanan kesehatan di Rumah Sakit Surabaya.
2. Menyediakan Pelayanan Kesehatan di 6 (enam) klinik medis yang terdiri dari 1 (satu) klinik utama dan 5 (lima) klinik pratama.
3. Menyediakan pelayanan di 34 Klinik *First Aid* yang tersebar di 5 (lima) provinsi.
4. Mengelola biaya kesehatan dengan sistem ASO melalui *Medical Solution Service* (medsos).
5. Memiliki anak perusahaan dengan bidang usaha utama *food & beverages* (PT PCN).

Business Activities of PT Pelindo Husada Citra

1. Provided health services at the Surabaya Hospital.
2. Provided Health Services in 6 (six) medical clinics consisting of 1 (one) main clinic and 5 (five) primary clinics.
3. Provided services at 34 First Aid Clinics in 5 (five) provinces.
4. Managed health costs with the ASO system through the Medical Solution Service (MEDSOS).
5. Acquired a subsidiary with the main business sector of food & beverages (PT PCN).

Kinerja PT Pelindo Husada Citra

Performance of PT Pelindo Husada Citra

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	536.557	552.065	(15.508)	(2,81%)
Beban Usaha / Operating Expense	(433.923)	(446.510)	12.587	2,82%
Laba Usaha / Operating Profit	102.634	105.555	(2.921)	(2,77%)
Beban Pajak / Tax Expense	(23.979)	(23.793)	(186)	(0,78%)
Laba Bersih Tahun Berjalan / Profit for the Year	82.106	82.585	(479)	(0,58%)
Aset / Assets	494.132	432.325	61.807	14,30%
Liabilitas / Liabilities	111.880	120.206	(8.326)	(6,93%)
Ekuitas / Equity	382.251	312.120	70.131	22,47%

Pada tahun 2021, PT Pelindo Husada Citra mencatatkan Pendapatan Usaha sebesar Rp536,56 miliar, turun Rp15,51 miliar atau 2,81% dibandingkan tahun 2020 sebesar Rp552,07 miliar. Penurunan tersebut disebabkan karena masih tingginya kontribusi pendapatan dari pelayanan covid-19.

Revenue of PT Pelindo Husada Citra in 2021 amounted to Rp536.56 billion, a decrease of Rp15.51 billion or 2.81% compared to 2020 at Rp552.07 billion. The decline was due to the high contribution of revenue from Covid-19 services.

Beban Usaha PT Pelindo Husada Citra di tahun 2021 tercatat sebesar Rp433,92 miliar, turun Rp12,59 miliar atau 2,82% dibandingkan tahun 2020 sebesar Rp446,51 miliar. Penurunan tersebut disebabkan oleh upaya efisiensi yang dilakukan selama tahun 2021.

PT Pelindo Husada Citra's Operating Expenses in 2021 were recorded at Rp433.92 billion, a decrease of Rp12.59 billion or 2.82% compared to 2020 at Rp446.51 billion. The decrease was due to efficiency efforts carried out throughout 2021.

Laba Usaha PT Pelindo Husada Citra di tahun 2021 tercatat sebesar Rp102,63 miliar, turun Rp2,92 miliar atau 2,77% dibandingkan tahun 2020 sebesar Rp105,56 miliar. Penurunan tersebut disebabkan karena menurunnya pendapatan dari pemeriksaan *screening* Covid-19 karena adanya penyesuaian tarif pemeriksaaan Swab PCR dan Antigen.

PT Pelindo Husada Citra's Operating Profit in 2021 was recorded at Rp102.63 billion, a decrease of Rp2.92 billion or 2.77% compared to 2020 at Rp105.56 billion. The decrease was due to a decrease in income from the Covid-19 screening examination due to the adjustment of the PCR and Antigen Swab test rates.

Laba Bersih Tahun Berjalan PT Pelindo Husada Citra di tahun 2021 tercatat sebesar Rp82,11 miliar, menurun Rp478 juta atau 0,58% dibandingkan tahun 2020 sebesar Rp82,59 miliar. Penurunan tersebut disebabkan oleh menurunnya kontribusi layanan screening dan rawat inap Covid-19.

PT Pelindo Husada Citra's Net Profit for the Year in 2021 was recorded at Rp82.11 billion, an decrease of Rp478 million or 0.58% compared to 2020 at Rp82.59 billion. The decrease was due to the declining contribution of screening and inpatient services for Covid-19.

Aset PT Pelindo Husada Citra di tahun 2021 tercatat sebesar Rp494,13 miliar, naik Rp61,81 miliar atau 14,30% dibandingkan tahun 2020 sebesar Rp432,33 miliar. Peningkatan tersebut disebabkan oleh peningkatan Kas dan Bank.

PT Pelindo Husada Citra's assets in 2021 were recorded at Rp494.13 billion, an increase of Rp61.81 billion or 14.30% compared to 2020 at Rp432.33 billion. The increase was due to an increase in Cash and Banks.

Liabilitas PT Pelindo Husada Citra di tahun 2021 tercatat sebesar Rp111,88 miliar, turun 6,93% atau Rp8,33 miliar dibandingkan tahun 2020 sebesar Rp120,21 miliar. Penurunan tersebut disebabkan oleh adanya penurunan pada Utang Usaha

PT Pelindo Husada Citra's liabilities in 2021 were recorded at Rp111.88 billion, a decrease of 6.93% or Rp8.33 billion compared to 2020 at Rp120.21 billion. The decrease was due to a decrease in Accounts Payable.

Ekuitas PT Pelindo Husada Citra di tahun 2021 tercatat sebesar Rp382,25 miliar, naik Rp70,13 miliar atau 22,47% dibandingkan tahun 2020 sebesar Rp312,12 miliar. Peningkatan tersebut disebabkan peningkatan Saldo Laba.

PT Pelindo Husada Citra's equity in 2021 was recorded at Rp382.25 billion, an increase of Rp70.13 billion or 22.47% compared to 2020 at Rp312.12 billion. The increase was due to an increase in retained earnings.

Dividen yang Diberikan PT Pelindo Husada Citra

Jumlah dividen yang diperoleh Perusahaan dari PT Pelindo Husada Citra tercatat sebesar sebesar Rp10,7 miliar dengan *payout ratio* sebesar 13,27%.

Dividends Distributed by PT Pelindo Husada Citra

Dividends obtained by the Company from PT Pelindo Husada Citra amounted to Rp10.7 billion with a payout ratio of 13.27%.

PT KRAKATAU MEDIKA

PT Krakatau Medika menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT Krakatau Medika memiliki 1 RS yaitu RS Krakatau Medika yang berlokasi di Jalan Semang Raya Cilegon, Banten dengan layanan unggulan *trauma centre, cardiac centre* dan kesehatan kerja. Persentase kepemilikan Perusahaan terhadap PT Krakatau Medika adalah 70,93%.

PT KRAKATAU MEDIKA

PT Krakatau Medika has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT Krakatau Medika has 1 hospital, namely Krakatau Medika Hospital which is located on Jalan Semang Raya Cilegon, Banten with flagship services of trauma centers, cardiac centers and occupational health. The Company's percentage ownership of PT Krakatau Medika is 70.93%.

Aktivitas Usaha PT Krakatau Medika

1. Jasa Layanan Kesehatan
2. Jasa Produk Pendukung
3. Jasa usaha turunan

Business Activities of PT Krakatau Medika

1. Health Services
2. Supporting Product Services
3. Derivative business services

Kinerja PT Krakatau Medika

Performance of PT Krakatau Medika

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	339.595	284.823	54,772	119,22%
Beban Usaha / Operating Expense	309.302	(300.117)	9,186	103,56%
Laba Usaha / Operating Profit	30.292	(15.294)	45,586	198,01%
Beban Pajak / Tax Expense	(6.309)	10.384	(16,693)	(61,74%)
Laba Bersih Tahun Berjalan / Profit for the Year	22.401	6.546	15,855	342,94%
Aset / Assets	207.478	178.916	28,563	116,83%
Liabilitas / Liabilities	151.845	145.056	6,789	105,34%
Ekuitas / Equity	55.633	33.860	21.773	164,94%

Pada tahun 2021, PT Krakatau Medika mencatatkan Pendapatan Usaha sebesar Rp339,60 miliar, naik Rp54,77 miliar atau 119,22% dibandingkan tahun 2020 sebesar Rp284,82 miliar. Peningkatan tersebut disebabkan oleh kunjungan dan tindakan layanan Covid-19.

Revenue of PT Krakatau Medika in 2021 amounted to Rp339.60 billion, an increase of Rp54.77 billion or 119.22% compared to 2020 at Rp284.82 billion. The increase was due to the visits and actions of Covid-19 services.

Beban Usaha PT Krakatau Medika di tahun 2021 tercatat sebesar Rp309,30 miliar, naik Rp9,19 miliar atau 103,56% dibandingkan tahun 2020 sebesar Rp300,12 miliar. Kenaikan tersebut disebabkan oleh kunjungan dan tindakan layanan Covid-19.

PT Krakatau Medika's Operating Expenses in 2021 were recorded at Rp309.30 billion, an increase of Rp9.19 billion or 103.56% compared to 2020 at Rp300.12 billion. The increase was caused by visits and actions of Covid-19 services.

Laba Usaha PT Krakatau Medika di tahun 2021 tercatat sebesar Rp30,30 miliar, naik Rp45,59 miliar atau 198,01% dibandingkan tahun 2020 sebesar Rp15,29 miliar. Peningkatan tersebut disebabkan oleh kunjungan dan tindakan layanan Covid-19 dimana marjin perawatan Covid-19 lebih besar dibandingkan layanan reguler dan BPJS.

PT Krakatau Medika's Operating Profit in 2021 was recorded at Rp30.30 billion, an increase of Rp45.59 billion or 198.01% compared to 2020 at Rp15.29 billion. The increase was caused by visits and actions of Covid-19 services where the margin of Covid-19 treatment was greater than regular services and BPJS.

Laba Bersih Tahun Berjalan PT Krakatau Medika di tahun 2021 tercatat sebesar Rp22,40 miliar, naik Rp 15,86 miliar atau 342,94% dibandingkan tahun 2020 sebesar Rp6,55 miliar. Peningkatan tersebut disebabkan oleh kunjungan dan tindakan layanan Covid-19 dimana marjin perawatan Covid-19 lebih besar dibandingkan layanan reguler dan BPJS.

Net Profit for the Year of PT Krakatau Medika in 2021 was recorded at Rp22.40 billion, an increase of Rp15.86 billion or 342.94% compared to 2020 at Rp6.55 billion. The increase was caused by visits and actions of Covid-19 services where the margin of Covid-19 treatment was greater than regular services and BPJS.

Aset PT Krakatau Medika di tahun 2021 tercatat sebesar Rp207,48 miliar, naik Rp28,56 miliar atau 116,83% dibandingkan tahun 2020 sebesar Rp178,92 miliar. Peningkatan tersebut disebabkan oleh penerimaan kas dan setara kas dari layanan Covid-19.

PT Krakatau Medika's assets in 2021 were recorded at Rp207.48 billion, an increase of Rp28.56 billion or 116.83% compared to 2020 at IRp178.92 billion. The increase was due to cash receipts and cash equivalents from Covid-19 services.

Liabilitas PT Krakatau Medika di tahun 2021 tercatat sebesar Rp151,85 miliar, naik 105,34% atau Rp6,79 miliar dibandingkan tahun 2020 sebesar Rp145,06 miliar. Peningkatan tersebut disebabkan oleh adanya peningkatan pembelian obat dan bahan medis lainnya dari dampak peningkatan layanan Covid-19.

Ekuitas PT Krakatau Medika di tahun 2021 tercatat sebesar Rp55,63 miliar, naik Rp21,77 miliar atau 164,94% dibandingkan tahun 2020 sebesar Rp33,86 miliar. Peningkatan tersebut disebabkan oleh peningkatan laba atas kinerja tahun 2021.

Dividen yang Diberikan PT Krakatau Medika

Tidak ada jumlah dividen yang diperoleh Perusahaan dari PT Krakatau Medika.

PT NUSANTARA MEDIKA UTAMA

PT Nusantara Medika Utama (NMU) menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT NMU memiliki 4 RS sebagai berikut:

- Rumah Sakit Gatoel
- Rumah Sakit Toeloengredjo
- Rumah Sakit Medika Utama
- Rumah Sakit Perkebunan Jember

Persentase kepemilikan Perusahaan terhadap PT Nusantara Medika Utama adalah 67%.

Aktivitas Usaha PT Nusantara Medika Utama

1. Rumah Sakit, Klinik, Poliklinik dan Balai Pengobatan/Kesehatan
   - Pengelolaan Rumah Sakit, klinik, poliklinik dan balai pengobatan/kesehatan
   - Pelayanan dan penyelenggaraan kesehatan
   - Sarana dan prasarana di bidang kesehatan
   - Menunjang kebijakan dan program pemerintah di bidang kesehatan
   - Rumah Sakit spesialis dan poliklinik spesialis
   - Rumah Sakit Bersalin.
2. Usaha-usaha dan jasa lain yang menunjang kegiatan Perseroan, antara lain:
   - Jasa penyuluhan kesehatan baik secara langsung maupun melalui media lainnya
   - Jasa pengelolaan limbah medis baik cair maupun padat
   - Jasa layanan *home care* terhadap pasien Perseroan.

PT Krakatau Medika's liabilities in 2021 were recorded at Rp151.85 billion, an increase of 105.34% or Rp6.79 billion compared to 2020 at Rp145.06 billion. The increase was due to an increase in the purchase of drugs and other medical materials as a result of the increase in Covid-19 services.

PT Krakatau Medika's equity in 2021 was recorded at Rp55.63 billion, an increase of Rp21.77 billion or 164.94% compared to 2020 at Rp33.86 billion. The increase was due to an increase in return on performance in 2021.

Dividends Distributed by PT Krakatau Medika

There was no dividends obtained by the Company from PT Krakatau Medika.

PT NUSANTARA MEDIKA UTAMA

PT Nusantara Medika Utama (NMU) has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT NMU has 4 hospitals as follows:

- Gatoel Hospital
- Toeloengredjo Hospital
- Medika Utama Hospital
- Perkebunan Jember Hospital

The Company's percentage ownership of PT Nusantara Medika Utama is 67%.

Business Activities of PT Nusantara Medika Utama

1. Hospitals, Clinics, Polyclinics and Medical/Health Centers
   - Management of hospitals, clinics, polyclinics and medical/health centers,
   - Health services and administration,
   - Facilities and infrastructure in the health sector,
   - Supporting government policies and programs in the health sector,
   - Specialist hospitals and specialist polyclinics,
   - Maternity Hospital.
2. Other businesses and services that support the Company's activities, including:
   - Health counseling services, either directly or through other media,
   - Medical waste management services, both liquid and solid,
   - Home care services for the Company's patients.

Kinerja PT Nusantara Medika Utama

Performance of pt Nusantara Medika Utama

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	532.184	464.191	67.993	14,65%
Beban Usaha / Operating Expense	(429.253)	(385.875)	43.378	11,24%
Laba Usaha / Operating Profit	102.931	78.396	24.535	31,30%
Beban Pajak / Tax Expense	(21.209)	(17.092)	(4.117)	(24,09%)
Laba Bersih Tahun Berjalan / Profit for the Year	80.610	58.204	22.406	38,50%
Aset / Assets	624.040	452.061	171.979	38,04%
Liabilitas / Liabilities	337.059	235.980	101.079	42,83%
Ekuitas / Equity	286.981	216.080	70.901	32,81%

Pada tahun 2021, PT Nusantara Medika Utama mencatatkan Pendapatan Usaha sebesar Rp532,18 miliar, naik Rp67,99 miliar atau 14,65% dibandingkan tahun 2020 sebesar Rp464,19 miliar. peningkatan tersebut disebabkan oleh peningkatan kunjungan dan rujukan kasus Covid-19, juga pemeriksaan penunjang *screening* Covid-19

Revenue of PT Nusantara Medika Utama in 2021 amounted to Rp532.18 billion, an increase of Rp67.99 billion or 14.65% compared to 2020 at Rp464.19 billion. This increase was due to an increase in visits and referrals for Covid-19 cases, as well as supporting examinations for Covid-19 screening.

Beban Usaha PT Nusantara Medika Utama di tahun 2021 tercatat sebesar Rp429,25 miliar, meningkat Rp43,46 miliar atau 11,24% dibandingkan tahun 2020 sebesar Rp385,88 miliar. Peningkatan tersebut disebabkan oleh adanya efisiensi atas biaya kantor, biaya pemeliharaan, biaya tamu dan rapat.

PT Nusantara Medika Utama's Operating Expenses in 2021 were recorded at Rp429.25 billion, a increase of Rp43.46 billion or 11.24% compared to 2020 at Rp385.88 billion. The increase was due to efficiency in office costs, maintenance costs, guest fees, and meetings.

Laba Usaha PT Nusantara Medika Utama di tahun 2021 tercatat sebesar Rp102,93 miliar, naik Rp24,53 miliar atau 31,30% dibandingkan tahun 2020 sebesar Rp24,54 miliar. Peningkatan tersebut disebabkan oleh Realisasi tahun 2021 masih memperhitungkan dampak pandemi Covid-19.

Operating profit of PT Nusantara Medika Utama in 2021 amounted to Rp102.93 billion, an increase of Rp24.53 billion or 31.30% compared to 2020 at Rp24.54 billion. This increase was due to the realization in 2021 that still took into account the impact of the Covid-19 pandemic.

Laba Bersih Tahun Berjalan PT Nusantara Medika Utama di tahun 2021 tercatat sebesar. Rp80,61 miliar, naik Rp22,41 miliar atau 38,50% dibandingkan tahun 2020 sebesar Rp58,20 miliar. Peningkatan tersebut disebabkan oleh peningkatan pendapatan akibat klaim perawatan pasien Covid-19 dari Kementerian Kesehatan dan peningkatan pemeriksaan *screening* Covid-19.

Net Profit for the Year of PT Nusantara Medika Utama in 2021 amounted to Rp80.61 billion, an increase of Rp22.41 billion or 38.50% compared to 2020 at Rp58.20 billion. The increase was due to an increase in income due to claims for treatment of Covid-19 patients from the Ministry of Health and an increase in Covid-19 screening checks.

Aset PT Nusantara Medika Utama di tahun 2021 tercatat sebesar Rp624,04 miliar, naik Rp171,99 miliar atau 38,04% dibandingkan tahun 2020 sebesar Rp452,06 miliar. Peningkatan tersebut disebabkan oleh pengakuan PSAK 73 atas kenaikan sewa aset PT Perkebunan Nusantara X.

Assets of PT Nusantara Medika Utama in 2021 were recorded at Rp624.04 billion, an increase of Rp171.99 billion or 38.04% compared to 2020 at Rp452.06 billion. The increase was due to the recognition of PSAK 73 on the increase in the lease of PT Perkebunan Nusantara X's assets.

Liabilitas PT Nusantara Medika Utama di tahun 2021 tercatat sebesar Rp337,06 miliar, naik 42,83% atau Rp101,08 miliar dibandingkan tahun 2020 sebesar Rp235,98 miliar. Peningkatan tersebut disebabkan oleh adanya peningkatan hutang sewa aset PT Perkebunan Nusantara X dan juga utang HR Dokter spesialis akibat tingginya pelunasan piutang BPJS dan Kementerian Kesehatan di akhir tahun 2021.

Ekuitas PT Nusantara Medika Utama di tahun 2021 tercatat sebesar Rp286,98 miliar, naik Rp70,90 miliar atau 32,81% dibandingkan tahun 2020 sebesar Rp216,08 miliar. Peningkatan tersebut disebabkan oleh peningkatan laba rugi tahun berjalan

Dividen yang Diberikan PT Nusantara Medika Utama

Jumlah dividen yang diperoleh Perusahaan dari PT Nusantara Medika Utama tercatat sebesar Rp17,86 miliar.

PT NUSANTARA SEBELAS MEDIKA

PT Nusantara Sebelas Medika (NSM) menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT NSM memiliki 4 RS sebagai berikut:

- RS Lavalette
- RS Wonolangan
- RS Djatiroto
- RS Elizabeth

Persentase kepemilikan Perusahaan terhadap PT Nusantara Sebelas Medika adalah 67%.

Aktivitas Usaha PT Nusantara Sebelas Medika

1. Rumah Sakit, Klinik, Poliklinik dan Balai Pengobatan:
   Jasa Kesehatan dan Kegiatan sosial meliputi jasa Rumah Sakit, Klinik, Poliklinik, dan Balai Pengobatan lainnya seperti jasa pelayanan Kesehatan yang dilakukan oleh paramedis, tradisional, dan jasa pelayanan penunjang kesehatan lainnya untuk kepentingan masyarakat luas.
2. Pelayanan dan Penyelenggaraan Kesehatan:
   Menyelenggarakan pelayanan, penyelenggaraan penyuluhan, konsultasi dan pemeliharaan Kesehatan tenaga kerja dan masyarakat.
3. Pengelolaan Rumah Sakit, Klinik, Poliklinik dan Balai Kesehatan:

   Pengelolaan Rumah Sakit, Klinik, Poliklinik dan Balai Kesehatan beserta segala sarana dan prasarana pendukung kegiatan serta lingkup usaha yang terkait.
4. Sarana dan Pra-sarana Penunjang Kesehatan:
   Meliputi pembangunan Laboratorium, Pusat Penelitian, Pendidikan Perawat dan Mahasiswa, Perumahan Dokter serta lingkup usaha yang terkait.
5. Menunjang Kebijakan dan Program Pemerintah di Bidang Kesehatan:

PT Nusantara Medika Utama's liabilities in 2021 were recorded at Rp337.06 billion, an increase of 42.83% or Rp101.08 billion compared to 2020 at Rp235.98 billion. This increase was due to an increase in the lease payable of PT Perkebunan Nusantara X and also the debt of HR specialist doctors due to the high repayment of accounts receivable from BPJS and the Ministry of Health at the end of 2021.

Equity of PT Nusantara Medika Utama in 2021 was recorded at Rp286.98 billion, an increase of Rp70.90 billion or 32.81% compared to 2020 at Rp216.08 billion. The increase was due to an increase in profit or loss for the year.

Dividends Distributed by PT Nusantara Medika Utama

Dividends obtained by the Company from PT Nusantara Medika Utama amounted to Rp17.86 billion.

PT NUSANTARA SEBELAS MEDIKA

PT Nusantara Sebelas Medika (NSM) has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT NSM has 4 hospitals as follows:

- Lavalette Hospital
- Wonolangan Hospital
- Djatiroto Hospital
- Elizabeth Hospital

The Company's percentage ownership of PT Nusantara Sebelas Medika is 67%.

Business Activities of PT Nusantara Sebelas Medika

1. Hospitals, Clinics, Polyclinics and Medical Centers:
   Health services and social activities include hospital services, clinics, polyclinics, and other medical centers such as health services provided by paramedics, traditional, and other health support services for the benefit of the wider community.
2. Health Services and Administration:
   Providing services, organizing counseling, consultation and health maintenance for workers and the community.
3. Management of Hospitals, Clinics, Polyclinics and Health Centers:
   Management of Hospitals, Clinics, Polyclinics and Health Centers along with all facilities and infrastructure to support activities and related business scopes.
4. Health Support Facilities and Infrastructure:
   Includes construction of laboratories, research centers, nurse and university student education, doctor housing and related business scopes.
5. Supporting Government Policies and Programs in the Health Sector:

Meliputi penyelenggaraan usaha jasa pelayanan Kesehatan yang meliputi pelayanan kesehatan, pendidikan dan pelatihan kesehatan, pelayanan jasa konsultan manajemen kesehatan, perdagangan farmasi dan peralatan kesehatan, pelayanan asuransi kesehatan, pelayanan gizi masyarakat, pelayanan kebugaran kesehatan, pelayanan jasa jaminan pemeliharaan kesehatan masyarakat dan pelayanan penunjang kesehatan lainnya.

6. Rumah Sakit Spesialis dan Poliklinik Spesialis:
   Rumah Sakit Spesialis dan Poliklinik Spesialis, dan pelayanan penunjang kesehatan lainnya seperti Laboratorium, Imaging/ Radiologi, Fisioterapi serta kegiatan usaha terkait.
7. Rumah Sakit Bersalin:
   Rumah Sakit Bersalin dan Poliklinik antara lain untuk Ibu dan Anak serta kegiatan usaha terkait.

Includes the implementation of health service businesses which include health services, health education and training, health management consultant services, pharmaceutical and health equipment trade, health insurance services, community nutrition services, health fitness services, community health care insurance services, and health support services. other.

6. Specialist Hospitals and Specialist Polyclinics:
   Specialist Hospitals and Specialist Polyclinics, and other health support services such as Laboratories, Imaging/ Radiology, Physiotherapy, and related business activities.
7. Maternity Hospital:
   Maternity Hospitals and Polyclinics, among others, for mothers and children, and related business activities.

Kinerja PT Nusantara Sebelas Medika

Performance of PT Nusantara Sebelas Medika

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	401.226	316.694	84.532	26,69%
Beban Usaha / Operating Expense	(336.426)	(289.165)	47.261	16,34%
Laba Usaha / Operating Profit	64.801	27.879	36.922	132,44%
Beban Pajak / Tax Expense	(14.876)	(7.787)	(7.089)	(91,04%)
Laba Bersih Tahun Berjalan / Profit for the Year	52.380	(917)	53.297	5812,10%
Aset / Assets	442.648	279.060	163.588	58,62%
Liabilitas / Liabilities	318.779	226.420	92.359	40,79%
Ekuitas / Equity	123.868	53.856	70.012	130,00%

Pada tahun 2021, PT Nusantara Sebelas Medika mencatatkan Pendapatan Usaha sebesar Rp401,23 miliar, naik Rp84,53 miliar atau 26,69% dibandingkan tahun 2020 sebesar Rp316,69 miliar. Peningkatan tersebut disebabkan oleh pendapatan dari pasien Covid-19 dan adanya kebijakan akuntansi untuk mencatat honor dokter sebagai pendapatan sekaligus biaya pada tahun 2021.

Revenue of PT Nusantara Sebelas Medika in 2021 amounted to Rp401.23 billion, an increase of Rp84.53 billion or 26.69% compared to 2020 at Rp316.69 billion. The increase was due to income from Covid-19 patients and the accounting policy to record doctor fees as income as well as expenses in 2021.

Beban Usaha PT Nusantara Sebelas Medika di tahun 2021 tercatat sebesar sebesar Rp336,43 miliar, naik Rp47,26 miliar atau 16,34% dibandingkan tahun 2020 sebesar Rp289,17 miliar. Kenaikan tersebut disebabkan oleh adanya kebijakan akuntansi pencatatan honor dokter sebagai pendapatan sekaligus biaya serta adanya dampak dari PSAK 73.

Operating Expenses of PT Nusantara Sebelas Medika in 2021 were recorded at Rp336.43 billion, an increase of Rp47.26 billion or 16.34% compared to 2020 at Rp289.17 billion. The increase was due to the accounting policy for recording doctor's fees as income as well as expenses and the impact of PSAK 73.

Laba Usaha PT Nusantara Sebelas Medika di tahun 2021 tercatat sebesar Rp64,80 miliar, naik Rp36,92 miliar atau 132,44% dibandingkan tahun 2020 sebesar Rp27,88 miliar. Peningkatan tersebut disebabkan oleh pendapatan dari pasien Covid-19 yang cukup signifikan mendongkrak laba PT Nusantara Sebelas Medika.

Operating profit of PT Nusantara Sebelas Medika in 2021 was recorded at Rp64.80 billion, an increase of Rp36.92 billion or 132.44% compared to 2020 at Rp27.88 billion. The increase was due to income from Covid-19 patients, which significantly boosted the profit of PT Nusantara Sebelas Medika.

Laba Bersih Tahun Berjalan PT Nusantara Sebelas Medika di tahun 2021 tercatat sebesar Rp52,38 miliar, naik Rp53,30 miliar atau 5812,10% dibandingkan tahun 2020 yang mencatatkan Rugi Bersih sebesar Rp917 juta. Peningkatan tersebut disebabkan oleh pendapatan pasien Covid-19 yang cukup tinggi kontribusinya.

Net Profit for the Year of PT Nusantara Sebelas Medika in 2021 amounted to Rp52.38 billion, an increase of Rp53.30 billion or 5812.10% compared to 2020 at Rp917 million. The increase was due to the high contribution of Covid-19 patients' income.

Aset PT Nusantara Sebelas Medika di tahun 2021 tercatat sebesar Rp442,65 miliar, naik Rp163,59 miliar atau 58,62% dibandingkan tahun 2020 sebesar Rp279,06 miliar. Peningkatan tersebut disebabkan oleh peningkatan pada aktiva lancer atau kas yang naik cukup signifikan dan aset sewa guna usaha.

PT Nusantara Sebelas Medika's assets in 2021 were recorded at Rp442.65 billion, an increase of Rp163.59 billion or 58.62% compared to 2020 at Rp279.06 billion. The increase was caused by an increase in current assets or cash which increased significantly and leased assets.

Liabilitas PT Nusantara Sebelas Medika di tahun 2021 tercatat sebesar Rp318,78 miliar, naik 40,79% atau Rp92,36 miliar dibandingkan tahun 2020 sebesar Rp226,42 miliar. Peningkatan tersebut disebabkan adanya beban *accrue*, peningkatan liabilitas sewa guna usaha, dan liabilitas imbalan pasca kerja.

Liabilities of PT Nusantara Sebelas Medika in 2021 amounted to Rp318.78 billion, an increase of 40.79% or Rp92.36 billion compared to 2020 at Rp226.42 billion. The increase was due to accrued expenses, an increase in lease liabilities, and post-employment benefits liabilities.

Ekuitas PT Nusantara Sebelas Medika di tahun 2021 tercatat sebesar Rp123,87 miliar, naik Rp70,01 miliar atau 130,00% dibandingkan tahun 2020 sebesar Rp53,86 miliar. Peningkatan tersebut disebabkan oleh peningkatan saldo laba tahun berjalan.

Equity of PT Nusantara Sebelas Medika in 2021 amounted to Rp123.87 billion, an increase of Rp70.01 billion or 130.00% compared to 2020 at Rp53.86 billion. The increase was due to an increase in retained earnings for the year.

Dividen yang Diberikan PT Nusantara Sebelas Medika

Jumlah dividen yang diperoleh Perusahaan dari PT Nusantara Sebelas Medika tercatat sebesar Rp1,09 miliar.

Dividends Distributed by PT Nusantara Sebelas Medika

Dividends obtained by the Company from PT Nusantara Sebelas Medika amounted to Rp1.09 billion.

PT ROLAS NUSANTARA MEDIKA

PT Rolas Nusantara Medika (RNM) menjadi Anak Perusahaan Pertamedika IHC sejak 7 Agustus 2020 melalui proses akuisisi. PT RNM memiliki 2 RS sebagai berikut:

- RS Kaliwates
- RS Bhakti Husada

PT ROLAS NUSANTARA MEDIKA

PT Rolas Nusantara Medika (RNM) has become a Subsidiary of Pertamedika IHC since August 7, 2020 through acquisition process. PT RNM has 2 hospitals as follows:

- Kaliwates Hospital
- Bhakti Husada Hospital

Persentase kepemilikan Perusahaan terhadap PT Rolas Nusantara Medika adalah 67%.

The Company's percentage ownership of PT Rolas Nusantara Medika is 67%.

Aktivitas Usaha PT Rolas Nusantara Medika

Berikut adalah uraian terkait produktivitas PT Rolas Nusantara Medika di tahun 2021

Business Activities of PT Rolas Nusantara Medika

Description concerning the productivity of PT Rolas Nusantara Medika in 2021 is as follows:

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
BOR	73,30%	63,3%	10,00%	115,80%
Avg. LOS	3,68	3,46	0,22	106,36%
TOI	1,2	1,63	-0,43	73,62%
BTO	81,36	82,34	-0,98	98,81%
Pasien / Patient	17.392	17.538	-146	99,17%
Hari Rawat / Inpatient Days	57.018	49.349	7.669	115,54%
Lama Rawat / Length of Stay	63.706	60.598	3.108	105,13%

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Rawat Jalan Umum / General Outpatient	91.483	71.152	20.331	128,57%
Rawat Jalan Spesialis / Specialist Outpatient	108.174	101.417	6.757	106,66%
Fisioterapi / Physiotherapy	26.904	31.723	(4.819)	84,81%
Laboratorium / Laboratory	212.785	196.933	15.852	108,05%
Radiologi / Radiology	21.107	14.958	6.149	141,11%
Hemodialisa / Hemodialysis	8.397	10.674	(2.277)	78,67%
Farmasi / Pharmacy	286.029	262.590	23.439	108,93%
Operasi / Operation	3.638	3.283	355	110,81%
Kapitasi Klinik / Clinic Capitation	355.794	348.049	7.745	102,23%

Kinerja PT Rolas Nusantara Medika

Performance of PT Rolas Nusantara Medika

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Usaha / Revenues	179.432	140.750	38.682	27,48%
Beban Usaha / Operating Expense	(149.141)	(123.931)	(25.210)	(20,34%)
Laba Usaha / Operating Profit	30.291	16.819	13.472	80,10%
Beban Pajak / Tax Expense	(9.407)	(4.103)	(5.304)	(129,27%)
Laba Bersih Tahun Berjalan / Profit for the Year	22.396	13.821	8.575	62,04%
Aset / Assets	198.010	175.147	22.863	13,05%
Liabilitas / Liabilities	48.142	45.733	2.409	5,27%
Ekuitas / Equity	149.868	129.414	20.454	15,81%

Pada tahun 2021, PT Rolas Nusantara Medika mencatatkan Pendapatan Usaha sebesar Rp179,43 miliar, naik Rp38,68 miliar atau 27,48% dibandingkan tahun 2020 sebesar Rp140,75 miliar. Peningkatan tersebut disebabkan oleh meningkatnya pasien Covid-19 dan realisasi investasi serta optimalisasi program untuk mengungkit pendapatan di tahun 2021.

Beban Usaha PT Rolas Nusantara Medika di tahun 2021 tercatat sebesar sebesar Rp149,14 miliar, naik Rp25,21 miliar atau 20,34% dibandingkan tahun 2020 sebesar Rp123,93 miliar. Kenaikan tersebut diikuti juga oleh kenaikan pendapatan terutama pada biaya layanan (biaya BHP, persediaan, tarif) dan juga biaya umum (gaji, pemeliharaan).

Laba Usaha PT Rolas Nusantara Medika di tahun 2021 tercatat sebesar Rp30,29 miliar, naik Rp25,21 miliar atau 80,10% dibandingkan tahun 2020 sebesar Rp16,82 miliar. Peningkatan tersebut disebabkan oleh meningkatnya pasien Covid-19 dan realisasi investasi serta optimalisasi program untuk mengungkit pendapatan di tahun 2021.

Revenue of PT Rolas Nusantara Medika in 2021 amounted to Rp179.43 billion, an increase of Rp38.68 billion or 27.48% compared to 2020 at Rp140.75 billion. This increase was due to the increase in Covid-19 patients and the realization of investment and optimization of programs to leverage income in 2021.

PT Rolas Nusantara Medika's Operating Expenses in 2021 were recorded at Rp149.14 billion, an increase of Rp25.21 billion or 20.34% compared to 2020 at Rp123.93 billion. This increase was also followed by an increase in revenue, especially in service costs (BHP costs, supplies, tariffs) and general costs (salaries, maintenance).

Operating profit of PT Rolas Nusantara Medika in 2021 was recorded at Rp30.29 billion, an increase of Rp25.21 billion or 80.10% compared to 2020 at Rp16.82 billion. This increase was due to the increase in Covid-19 patients and the realization of investment and optimization of programs to leverage income in 2021.

Laba Bersih Tahun Berjalan PT Rolas Nusantara Medika di tahun 2021 tercatat sebesar sebesar Rp22,40 miliar, naik Rp8,57 miliar atau 62,04% dibandingkan tahun 2020 sebesar Rp13,82 miliar. Peningkatan tersebut disebabkan oleh meningkatnya pasien Covid-19 dan realisasi investasi serta optimalisasi program untuk mengungkit pendapatan di tahun 2021.

Net Profit for the Year of PT Rolas Nusantara Medika in 2021 was recorded at Rp22.40 billion, an increase of Rp8.57 billion or 62.04% compared to 2020 at Rp13.82 billion. This increase was due to the increase in Covid-19 patients and the realization of investment and optimization of programs to leverage income in 2021.

Aset PT Rolas Nusantara Medika di tahun 2021 tercatat sebesar Rp198,01 miliar, naik Rp22,86 miliar atau 13,05% dibandingkan tahun 2020 sebesar Rp175,15 miliar. Peningkatan tersebut disebabkan oleh kenaikan Kas dan Setara Kas, Piutang dan juga Aset Tetap.

PT Rolas Nusantara Medika's assets in 2021 were recorded at Rp198.01 billion, an increase of Rp22.86 billion or 13.05% compared to 2020 at Rp175.15 billion. The increase was due to an increase in Cash and Cash Equivalents, Trade Receivables, and Fixed Assets.

Liabilitas PT Rolas Nusantara Medika di tahun 2021 tercatat sebesar Rp48,14 miliar, naik Rp2,41 miliar atau 5,27% dibandingkan tahun 2020 sebesar Rp45,73 miliar. Peningkatan tersebut disebabkan oleh meningkatnya biaya yang harus dibayar dan juga hutang pajak.

Liabilities of PT Rolas Nusantara Medika in 2021 amounted to Rp48.14 billion, an increase of Rp2.41 billion or 5.27% compared to 2020 at Rp45.73 billion. The increase was due to the increase in accrued expenses and the tax payable.

Ekuitas PT Rolas Nusantara Medika di tahun 2021 tercatat sebesar Rp149,87 miliar, naik Rp20,45 miliar atau 15,81% dibandingkan tahun 2020 sebesar Rp129,41 miliar. Peningkatan tersebut disebabkan oleh meningkatnya Saldo Laba.

Equity of PT Rolas Nusantara Medika in 2021 was recorded at Rp149.87 billion, an increase of Rp20.45 billion or 15.81% compared to 2020 at Rp129.41 billion. The increase was due to an increase in retained earnings.

Dividen yang Diberikan PT Rolas Nusantara Medika

Per 31 Desember 2021, tidak ada jumlah dividen yang diperoleh Perusahaan dari PT Rolas Nusantara Medika.

Dividends Distributed by PT Rolas Nusantara Medika

There was no dividend received by the Company from PT Rolas Nusantara Medika as of December 31, 2021.

TINJAUAN KEUANGAN

Uraian mengenai kinerja keuangan ini disusun berdasarkan Laporan Keuangan Konsolidasian Perusahaan yang disajikan sesuai dengan Pernyataan Standar Akuntansi Keuangan (PSAK) yang berlaku umum di Indonesia untuk tahun yang berakhir pada tanggal 31 Desember 2021. Laporan keuangan konsolidasian tersebut telah diaudit oleh Kantor Akuntan Publik Purwantono, Sungkono & Surja dengan opini wajar dalam semua hal yang material. Posisi keuangan konsolidasian PT Pertamina Bina Medika IHC per tanggal 31 Desember 2021, serta kinerja keuangan dan arus kas untuk tahun yang berakhir pada tanggal tersebut, telah sesuai dengan Standar Akuntansi Keuangan di Indonesia.

FINANCIAL REVIEW

Description of financial performance has been prepared based on the Company's Consolidated Financial Statements which are presented in accordance with the Statement of Financial Accounting Standards (PSAK) generally accepted in Indonesia for the year ended on December 31, 2021. The consolidated financial statements have been audited by Public Accounting Firm Purwantono, Sungkono & Surja with a fair opinion in all material respects. The consolidated statements of financial position of PT Pertamina Bina Medika IHC as of December 31, 2021, as well as financial performance and cash flows for the year then ended, are in accordance with Indonesian Financial Accounting Standards.

Bahasan kinerja keuangan Perusahaan, disampaikan dengan memperhatikan penjelasan pada catatan Laporan Keuangan Konsolidasian dari pihak auditor eksternal sebagai bagian yang tidak terpisahkan dari Laporan Tahunan ini.

Discussions on the Company's financial performance are presented with due observance of the explanation in the notes to the Consolidated Financial Statements from the external auditors as an integral part of this Annual Report.

LAPORAN KEUANGAN KONSOLIDASIAN

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Aset / Assets	7.448.359	5.833.331	1.615.028	27,69%
Aset Lancar / Current Assets	4.388.690	2.884.760	1.503.930	52,13%
Aset Tidak Lancar / Non-Current Assets	3.059.669	2.948.571	111.098	3,77%
Liabilitas / Liabilities	3.617.068	2.985.285	631.783	21,16%
Liabilitas Jangka Pendek / Current Liabilities	2.437.005	2.152.314	284.691	13,23%
Liabilitas Jangka Panjang / Non-Current Liabilities	1.180.063	832.971	347.092	41,67%
Ekuitas / Equity	3.831.291	2.848.046	983.245	34,52%

Sampai dengan 31 Desember 2021, Perusahaan mencatatkan jumlah Aset sebesar Rp7.448,36 miliar, naik Rp1.615,03 miliar atau 27,69% dibandingkan nilai per 31 Desember 2020 sebesar Rp5.833,33 miliar. Jumlah Liabilitas sampai dengan 31 Desember 2021 tercatat sebesar Rp3.617,07 miliar, naik Rp631,78 miliar atau 21,16% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.985,29 miliar. Sampai dengan 31 Desember 2021, jumlah Ekuitas tercatat sebesar Rp3.831,30 miliar, naik Rp983,25 miliar atau 34,51% dibandingkan nilai per 31 Desember 2021 sebesar Rp2.848,05 miliar.

Total Assets of the Company as of December 31, 2021, amounted to Rp7,448.36 billion, an increase of Rp1,615.03 billion or 27.69% compared to the value as of December 31, 2020 of Rp5,833.33 billion. Total Liabilities as of December 31, 2021 were recorded at Rp3,617.07 billion, an increase of Rp631.78 billion or 21.16% compared to the value as of December 31, 2020 of Rp2,985.29 billion. As of December 31, 2021, total Equity was recorded at Rp.3,831.30 billion, an increase of Rp.983.25 billion or 34.51% compared to the value as of December 31, 2021 of Rp.2,848.05 billion.

ASET

Perusahaan mencatatkan jumlah Aset per 31 Desember 2021 sebesar Rp7.448,36 miliar, naik Rp1.615,03 miliar atau 27,69% dibandingkan nilai per 31 Desember 2020 sebesar Rp5.833,33 miliar. Peningkatan tersebut terutama berasal dari kenaikan Aset Lancar sebesar Rp1.503,93 miliar atau 52,13%% dan diiringi dengan kenaikan Aset Tidak Lancar sebesar Rp111.098 juta atau 3,77%% sampai dengan akhir tahun 2021. Kenaikan jumlah Aset tersebut memberikan dampak positif bagi posisi keuangan Perusahaan. Dari segi komposisi, jumlah Aset Perusahaan pada akhir tahun 2021 terdiri dari 58,92% Aset Lancar dan 41,08% Aset Tidak Lancar.

ASSET

Total assets of the Company as of December 31, 2021 amounted to Rp7,448.36 billion, an increase of Rp1,615.03 billion or 27.69% compared to the value as of December 31, 2020 of Rp5,833.33 billion. The increase mainly came from an increase in Current Assets of Rp.1,503.93 billion or 52.13%% and was accompanied by an increase in Non-Current Assets of Rp.111,098 million or 3.77%% until the end of 2021. positive impact on the Company's financial position. In terms of composition, the Company's total assets at the end of 2021 consisted of 58.92% Current Assets and 41.08% Non-Current Assets.

Aset Lancar

Current Assets

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Kas dan Setara Kas / Cash and Cash Equivalents	2.691.676	1.229.294	1.462.382	118,96%
Aset Keuangan Tersedia Untuk Dijual / Available-for-sale Financial Assets	5.121	5.050	71	1,41%
Piutang Usaha, Neto / Trade Receivables, Net	1.484.569	1.419.350	65.219	4,59%
Piutang Lain-Lain / Other Receivables	43.809	18.010	25.799	143,25%

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Persediaan / Inventories	100.878	154.201	-53.323	-34,58%
Uang Muka dan Beban Dibayar di Muka / Advance and Prepaid Expenses	61.514	43.607	17.907	41,06%
Pajak Dibayar di Muka / Prepaid Taxes	1.123	15.248	-14.125	-92,64%
Jumlah / Total	**4.388.690**	**2.884.760**	**1.503.930**	**52,13%**

Per 31 Desember 2021, Perusahaan mencatatkan jumlah Aset Lancar sebesar Rp4.388,69 miliar, naik Rp1.503,93 miliar atau 52,13% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.884,76 miliar. Peningkatan tersebut terutama berasal dari Piutang Lain-Lain yang mencatatkan kenaikan 143,25% Sumber kenaikan Aset Lancar tersebut memberikan dampak yang positif bagi keberlangsungan usaha Perusahaan.

Total Current Assets of the Company as of December 31, 2021, amounted to Rp4,388.69 billion, an increase of Rp1,503.93 billion or 52.13% compared to the value as of December 31, 2020 of Rp2,884.76 billion. The increase mainly came from Other Receivables which recorded an increase of 143.25%. The source of the increase in Current Assets had a positive impact on the sustainability of the Company's business.

Kas dan Setara Kas

Cash and Cash Equivalents

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Kas / Cash on hand	2.941	4.360	-1.419	-32,55%
Bank / Cash in banks	1.513.051	525.579	987.472	187,88%
Deposito Berjangka / Time Deposits	1.175.664	699.355	476.309	68,11%
Jumlah / Total	**2.691.676**	**1.229.294**	**1.462.382**	**118,96%**

Kas dan Setara Kas per 31 Desember 2021 tercatat sebesar Rp2.691,68 miliar, naik Rp1.462,38 miliar atau 118,96% dibandingkan nilai per 31 Desember 2020 sebesar Rp1.229,29 miliar. Faktor utama kenaikan Kas dan Setara Kas di tahun 2021 berasal dari kenaikan saldo Bank yang mencapai 187,88%.

Cash and Cash Equivalents as of December 31, 2021 amounted to Rp2,691.68 billion, an increase of Rp1,462.38 billion or 118.96% compared to the value as of December 31, 2020 of Rp1,229.29 billion. The main factor for the increase in Cash and Cash Equivalents in 2021 came from the increase in the Bank's balance which reached 187.88%.

Aset Keuangan Tersedia untuk Dijual

Aset Keuangan Tersedia untuk Dijual per 31 Desember 2021 tercatat sebesar Rp5,12 miliar, naik1,41% dibandingkan nilai per 31 Desember 2020 sebesar Rp5,05 miliar.

Available-for-Sale Financial Assets

Available-for-Sale Financial Assets as of December 31, 2021 amounted to Rp5.12 billion, an increase of 1.41% compared to the value as of December 31, 2020, which was Rp.5.05 billion.

Piutang Usaha, Neto / Trade Receivables, Net

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Piutang Usaha / Trade Receivables				
Pihak Ketiga / Third Parties	906.566	1.495.601	-589.035	-39,38%
Pihak Pemerintah / Government Party	552.345	512.986	39.359	7,67%
Pihak Berelasi / Related Parties	333.257	176.612	156.645	88,69%
Jumlah / Total	**1.792.168**	**1.672.213**	**119.955**	**7,17%**
Dikurangi / Less:				
Cadangan Penurunan Nilai / Allowance for Impairment Losses	(307.599)	(252.863)	54.736	21,65%
Jumlah / Total	**1.484.569**	**1.419.350**	**65.219**	**4,59%**

Piutang Usaha, Neto per 31 Desember 2021 tercatat sebesar Rp1.484,57 miliar, naik Rp65,22 miliar atau 4,59% dibandingkan nilai per 31 Desember 2020 sebesar Rp1.419,35 miliar.

Trade Receivables, Net as of December 31, 2021 amounted to Rp1,484.57 billion, an increase of Rp65.22 billion or 4.59% compared to the value as of December 31, 2020 of Rp1,419.35 billion.

Sampai dengan akhir tahun 2021, Cadangan Penurunan Nilai Piutang Usaha tercatat sebesar Rp307,60 miliar, naikRp54,74 miliar atau 21,65% dibandingkan nilai pada akhir tahun 2020 sebesar Rp252,86 miliar.

Allowance for Impairment Losses as the end of 2021 amounted to Rp307.60 billion, an increase of Rp54.74 billion or 21.65% compared to the value at the end of 2020 of Rp252.86 billion.

Piutang Lain-Lain

Piutang Lain-lain per 31 Desember 2021 tercatat sebesar Rp43,81 miliar, naik Rp25,80 miliar atau 143,25% dibandingkan nilai per 31 Desember 2020 sebesar Rp18,01 miliar.

Other Receivables

Other Receivables as of December 31,2021 amounted to Rp43.81 billion, an increase of Rp25.80 billion or 143.25% compared to the value as of 31 December 2020 of Rp18.01 billion.

Persediaan / Inventories

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Perlengkapan Medis / Medical Supplies	25.177	71.716	-46.539	-64,89%
Obat Jadi / Medicines	66.205	70.911	-4.706	-6,64%
Bahan Obat / Medical Material	3.674	4.383	-709	-16,18%
Barang Umum / General Goods	2.716	4.082	-1.366	-33,46%
Alat Komputer / Computer Tools	772	874	-102	-11,67%
Barang Teknik / Technical Goods	417	538	-121	-22,49%
Lainnya / Others	1.917	1.697	220	12,96%
Jumlah / Total	**100.878**	**154.201**	**-53.323**	**-34,58%**

Persediaan per 31 Desember 2021 tercatat sebesar Rp100,88 miliar, turun Rp53,32 miliar atau 34,58% dibandingkan nilai per 31 Desember 2020 sebesar Rp154,20 miliar. Penurunan tersebut terutama berasal dari penurunan Perlengkapan Medis yang cukup signifikan.

Inventories as of December 31, 2021 amounted to Rp100.88 billion, decreased by Rp53.32 billion or 34.58% compared to the value as of December 31, 2020 of Rp154.20 billion. Such decrease came from significant decline in Medical Devices.

Uang Muka dan Beban Dibayar di Muka

Uang Muka dan Beban Dibayar di Muka tercatat sebesar Rp61.51 miliar, naik Rp17.91 miliar atau 41,06% dibandingkan nilai per 31 Desember 2020 sebesar Rp43,61 miliar.

Advances and Prepaid Expenses

Advances and Prepaid Expenses amounted to Rp61.51 billion, an increase of Rp17.91 billion or 41.06% compared to the value as of December 31, 2020 of Rp43.61 billion.

Pajak Dibayar di Muka

Pajak Dibayar di Muka tercatat sebesar Rp1.12 miliar turun-Rp14.13 miliar atau 92,64% dibandingkan nilai per 31 Desember 2020 sebesar Rp15,25 miliar.

Prepaid Taxes

Prepaid Taxes amounted to Rp1.12 billion, a decrease of Rp14.13 billion or 92.64% compared to the value as of December 31, 2020 of Rp15.25 billion.

Aset Tidak Lancar

Non-Current Assets

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Investasi Saham / Investment in Shares	3.785	3.785	0	0,00%
Properti Investasi, Neto / Investment Property, Net	168.349	218.099	-49.750	-22,81%
Aset Tetap, Neto / Fixed Assets, Net	2.380.899	2.277.906	102.993	4,52%
Aset Hak Guna, Neto / Right of Use Assets, Net	169.142	128.988	40.154	31,13%
Aset Pajak Tangguhan / Deferred Tax Assets	252.286	190.440	61.846	32,48%
Aset Keuangan yang Dibatasi Penggunaannya / Restricted Financial Assets	61.808	60.901	907	1,49%
Taksiran Tagihan Pajak Penghasilan / Estimated Claims for Tax Refund	1.580	18.284	-16.704	-91,36%
Aset Tidak Lancar Lainnya / Other Non-Current Assets	21.820	50.168	-28.348	-56,51%
Jumlah / Total	**3.059.669**	**2.948.571**	**111.098**	**3,77%**

Per 31 Desember 2021, nilai Aset Tidak Lancar Perusahaan tercatat sebesar Rp3.059,67 miliar, naik Rp111,10 miliar atau 3,77% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.948,57 miliar. Peningkatan Aset Tidak Lancar tersebut terutama berasal dari Aset Pajak Tangguhan sebesar 32,48%. Kenaikan Aset Tidak Lancar di tahun 2021 memberikan dampak yang positif bagi keberlangsungan usaha Perusahaan.

Non-Current Assets as of December 31, 2021, amounted to Rp3,059.67 billion, an increase of Rp111.10 billion or 3.77% compared to the value as of December 31, 2020 of Rp2,948.57 billion. The increase in Non-Current Assets mainly came from Deferred Tax Assets by 32.48%. The increase in Non-Current Assets in 2021 has a positive impact on the sustainability of the Company's business.

Investasi Saham

Per 31 Desember 2021, Investasi Saham tercatat sebesar Rp3,79 miliar, tetap sama dengan nilai per 31 Desember 2020 sebesar Rp3,79 miliar.

Investment in Shares

Investment in Shares as of December 31, 2021, amounted to Rp3.79 billion, remaining the same as the value as of December 31, 2020 of Rp3.79 billion.

Properti Investasi, Neto

Per 31 Desember 2021, Aset Tetap, Neto tercatat sebesar Rp168,35 miliar, turun Rp49,75 miliar atau 22,81% dibandingkan nilai per 31 Desember 2020 sebesar Rp218,10 miliar. Hal tersebut disebabkan oleh adanya efisiensi biaya yang dilakukan Perusahaan.

Investment Property, Net

Investment Property, Net as of December 31, 2021, amounted to Rp168.35 billion, decreased by Rp49.75 billion or 22.81% compared to the value as of December 31, 2020 of Rp218.10 billion. This was caused by cost efficiency effort carried out by the Company.

Aset Tetap, Neto

Per 31 Desember 2021, Aset Tetap, Neto tercatat sebesar Rp2.380,90 miliar, naikRp102,99 miliar atau 4,52% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.277,91 miliar.

Fixed Assets, Net

Fixed Assets, Net as of December 31, 2021, amounted to Rp2,380.90 billion, an increase of Rp102.99 billion or 4.52% compared to the value as of December 31, 2020 of Rp2,277.91 billion.

Aset Hak Guna, Neto

Per 31 Desember 2021, Aset Hak Guna, Neto tercatat sebesar Rp169,14 miliar, naikRp40,15 miliar atau 31,13% dibandingkan nilai per 31 Desember 2020 sebesar Rp128,99 miliar.

Right of Use Assets, Net

Right to Use Assets, Net as of December 31, 2021, amounted to Rp169.14 billion, an increase of Rp40.15 billion or 31.13% compared to the value as of December 31, 2020, which was Rp128.99 billion.

Aset Pajak Tangguhan / Deferred Tax Assets

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Perusahaan / Company				
Piutang Usaha / Trade Receivables	36.187	19.890	16.297	81,94%
Liabilitas Imbalan Pasti / Benefits Liability	74.014	63.007	11.007	17,47%
Aset Tetap / Fixed Assets	(3.018)	(4.536)	1.518	-33,47%
Aktual untuk Beban Pegawai dan Insentif Jasa Dokter / Accrual for Employee Cost and Doctor's Incentive	27.364	7.595	19.769	260,29%
Aset Hak Guna / Right of Use Asset	217	(279)	496	-177,78%
Aset Pajak Tangguhan Perusahaan, Bersih / Deferred Tax Assets of the Company, Net	134.764	85.677	49.087	57,29%
Aset Pajak Tangguhan Entitas Anak, Bersih / Deferred Tax Assets of Subsidiaties, Net	117.522	104.763	12.759	12,18%
Jumlah / Total	**252.286**	**190.440**	**61.846**	**32,48%**

Per 31 Desember 2021, Aset Pajak Tangguhan tercatat sebesar Rp252,29 miliar, naik Rp61,84 miliar atau 32,48% dibandingkan nilai per 31 Desember 2020 sebesar Rp190,44 miliar. Hal tersebut terutama disebabkan oleh adanya kenaikan Piutang Usaha selama tahun 2021 sebesar 81,94%.

Deferred Tax Assets as of December 31, 2021, amounted to Rp252.29 billion increased by Rp61.84 billion or 32.48% compared to that of December 31, 2020 at Rp190.44 billion. This was mainly due to increase in Trade Receivables throughout 2021 by 81.94%.

Aset Keuangan yang Dibatasi Penggunaannya

Per 31 Desember 2021, Aset Keuangan yang Dibatasi Penggunaannya tercatat sebesar Rp61,82 miliar, naik Rp907 juta atau 1,49% dibandingkan nilai per 31 Desember 2020 sebesar Rp60,90 miliar. Hal tersebut terutama disebabkan oleh adanya efisiensi biaya yang dilakukan

Restricted Financial Assets

Restricted Financial Assets as of December 31, 2021, amounted to Rp61.82 billion, an increase of Rp907 million or 1,49% compared to the value as of December 31, 2020 of Rp60.90 billion. This was mainly due to cost efficiency effort by the Company.

Taksiran Tagihan Pajak Penghasilan

Per 31 Desember 2021, Taksiran Tagihan Pajak Penghasilan tercatat sebesar Rp1,58 miliar, turun Rp16,70 miliar atau 91,36% dibandingkan nilai per 31 Desember 2020 sebesar Rp18,28 miliar.

Estimated Claims for Tax Refund

Estimated Claims for Tax Refund as of December 31, 2021, amounted to Rp1.58 billion, a decrease of Rp16.70 billion or 91.36% compared to the value as of December 31, 2020 of Rp18.28 billion.

Aset Tidak Lancar Lainnya

Per 31 Desember 2021, Aset Tidak Lancar Lainnya tercatat sebesar Rp21,82 miliar, turun Rp28,25 miliar atau 56,51% dibandingkan nilai per 31 Desember 2020 sebesar Rp50,17 miliar.

Other Non-Current Assets

Other Non-Current Assets as of December 31, 2021, amounted to Rp21.82 billion, a decrease of Rp28.25 billion or 56.51% compared to the value as of December 31, 2020 of Rp50.17 billion.

LIABILITAS

Perusahaan mencatatkan jumlah Liabilitas per 31 Desember 2021 sebesar Rp3.617,07 miliar, naik Rp631,78 miliar atau 21,16% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.985,29 miliar. Peningkatan tersebut terutama berasal dari kenaikan Liabilitas Jangke Pendek sebesar Rp284,70 miliar atau 13,23% dan diiringi dengan kenaikan Liabilitas Jangka Panjang sebesar Rp347,09 miliar atau 41,67% sampai dengan akhir tahun 2021. Dari segi komposisi, jumlah Liabilitas Perusahaan pada akhir tahun 2021 terdiri dari 67,38% Liabilitas Jangka Pendek dan 32,62% Liabilitas Jangka Panjang.

LIABILITIES

Total liabilities of the Company as of December 31, 2021 amounted to Rp3,617.07 billion, an increase of Rp631.78 billion or 21.16% compared to the value as of December 31, 2020 of Rp2,985.29 billion. The increase mainly came from the increase in Short-Term Liabilities by Rp284.70 billion or 13.23% and was accompanied by an increase in Long-Term Liabilities by Rp347.09 billion or 41.67% until the end of 2021. In terms of composition, the Company's total liabilities at the end of 2021. At the end of 2021, it consisted of 67.38% Current Liabilities and 32.62% Non-Current Liabilities.

Liabilitas Jangka Pendek

Current Liabilities

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Utang Usaha / Trade Payables	421.276	457.705	-36.429	-7,96%
Utang Lain-Lain / Other Payables	437.290	201.583	235.707	116,93%
Utang Pajak / Tax Payable	253.567	119.699	133.868	111,84%
Beban yang Masih Harus Dibayar / Accued Expenses	976.401	725.812	250.589	34,53%
Pendapatan Diterima di Muka / Unearned Revenue	156.455	153.810	2.645	1,72%
Utang Bank Jangka Pendek / Short-term Bank Loan	60.334	26.442	33.892	128,17%
Liabilitas Imbalan Kerja Jangka Pendek / Short-term Employment Benefit Liabilities	26.665	39.376	-12.711	-32,28%
Bagian yang Jatuh Tempo dalam Waktu Satu Tahun / Long-term Maturities of Long-term Liabilities	105.017	427.887	-322.870	-75,46%
Jumlah / Total	**2.437.005**	**2.152.314**	**284.691**	**13,23%**

Per 31 Desember 2021, nilai Liabilitas Jangka Pendek Perusahaan tercatat sebesar Rp2.437,01 miliar, naik Rp284,69 miliar atau 13,23% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.152,31 miliar. Peningkatan Liabilitas Jangka Pendek tersebut terutama berasal dari Utang Bank Jangka Pendek dengan kenaikan 128,17%.

Current Liabilities of the Company as of December 31, 2021, amounted to Rp2,437.01 billion, an increase of Rp284.69 billion or 13.23% compared to the value as of December 31, 2020 of Rp2,152.31 billion. The increase in Current Liabilities mainly came from Short-Term Bank Loans with an increase of 128.17%.

Utang Usaha

Trade Payables

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pihak Ketiga / Third Parties	391.591	432.712	-41.121	-9,50%
Pihak Berelasi / Related Parties	29.685	24.993	4.692	18,77%
Jumlah / Total	**421.276**	**457.705**	**-36.429**	**-7,96%**

Per 31 Desember 2021, Utang Usaha tercatat sebesar Rp42,28 miliar, turun Rp36,43 miliar atau 7,96% dibandingkan nilai per 31 Desember 2020 sebesar Rp457,71 miliar. Hal tersebut terutama disebabkan oleh alokasi Pendapatan yang meningkat untuk melakukan pembayaran Utang Usaha.

Trade Payable as of December 31, 2021, amounted to t Rp42.28 billion, a decrease of Rp36.43 billion or 7.96% compared to the value as of December 31, 2020 of Rp457.71 billion. This was mainly due to increased revenue allocation for payment of trade payables.

Utang Lain-Lain

Per 31 Desember 2021, Utang Lain-Lain tercatat sebesar Rp437,30 miliar, naik Rp235,71 miliar atau 116,93% dibandingkan nilai per 31 Desember 2020 sebesar Rp201,58 miliar.

Other Payables

Other Payables as of December 31, 2021, amounted to Rp437.30 billion, an increase of Rp235.71 billion or 116.93% compared to the value as of December 31, 2020 of Rp201.58 billion.

Utang Pajak / Tax Payable

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pajak Penghasilan Badan / Entity Income Tax	216.444	89.552	126.892	141,70%
Pajak Penghasilan / Income Tax	33.085	22.100	10.985	49,71%
Pajak Pertambahan Nilai / Value Added Tax	4.038	6.047	-2.009	-33,22%
Jumlah / Total	**253.567**	**119.699**	**133.868**	**111,84%**

Per 31 Desember 2021, Utang Pajak tercatat sebesar Rp235,57 miliar, naik Rp133,87 miliar atau 111,84% dibandingkan nilai per 31 Desember 2020 sebesar Rp119,70 miliar.

Tax Payable as of December 31, 2021, amounted to Rp235.57 billion, an increase of Rp133.87 billion or 111.84% compared to that of December 31, 2020 at Rp119.70 billion.

Beban yang Masih Harus Dibayar / Accrued Expenses

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Beban Operasional / Operating Expenses	568.921	459.581	109.340	23,79%
Beban Pegawai / Employee Expenses	261.973	214.194	47.779	22,31%
Beban Umum / General Expenses	54.474	25.195	29.279	116,21%
Beban Sewa / Rent Expenses	32.986	10.939	22.047	201,54%
Beban Pemeliharaan / Maintenance Expenses	2.208	6.246	-4.038	-64,65%
Beban Administrasi / Administration Expenses	2.013	1.321	692	52,38%
Lain-Lain / Others	53.826	8.336	45.490	545,71%
Jumlah / Total	**976.401**	**725.812**	**250.589**	**34,53%**

Per 31 Desember 2021, Beban yang Masih Harus Dibayar tercatat sebesar Rp976,40 miliar, naik Rp250,59 miliar atau 34,53% dibandingkan nilai per 31 Desember 2020 sebesar Rp119,70 miliar.

Accrued Expenses as of December 31, 2021, amounted to Rp976.40 billion, an increase of Rp250.59 billion or 34.53% compared to that of December 31, 2020 at Rp119.70 billion.

Pendapatan Diterima Di Muka / Unearned Revenue

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan Diterima Di Muka Lainnya / Other Unearned Revenue	143.171	137.087	6.084	4,44%
Panjar Pasien / Patients Deposits	13.284	16.723	-3.439	-20,56%
Jumlah / Total	**156.455**	**153.810**	**2.645**	**1,72%**

Per 31 Desember 2021, Pendapatan Diterima Dimuka tercatat sebesar Rp156,46 miliar, naik Rp2,65 miliar atau 1,72% dibandingkan nilai per 31 Desember 2020 sebesar Rp153,81 miliar. Hal tersebut terutama disebabkan oleh adanya peningkatan rujukan pasien dengan sistem pembayaran langsung selama pertengahan tahun 2021.

Unearned Revenue as of December 31, 2021, amounted to Rp156.46 billion, an increase of Rp2.65 billion or 1.72% compared to that of December 31, 2020 at Rp153.81 billion. This was mainly due to increase in patient reference with direct payment system in mid-2021.

Utang Bank Jangka Pendek

Short Term Bank Loans

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
PT Bank Syariah Indonesia	60.334	58.900	1.434	2,43%
PT Bank Mandiri (Persero) Tbk	-	5.800	-5.800	-100,00%
PT Bank Rakyat Indonesia (Persero) Tbk	-	3.145	-3.145	-100,00%
PT Bank Muamalat Indonesia	-	1.000	-1.000	-100,00%
Jumlah / Total	**60.334**	**68.845**	**-8.511**	**-12,36%**

Per 31 Desember 2021, Utang Bank Jangka Pendek tercatat sebesar Rp60,33 miliar, turun Rp8,51 miliar atau 12,36% dibandingkan nilai per 31 Desember 2020 sebesar Rp26,44 miliar. Hal tersebut terutama disebabkan oleh peningkatan kemampuan membayar utang Perusahaan.

As of December 31, 2021, Short-Term Bank Loans were recorded Rp60.33 billion, a decrease of Rp8.51 billion or 12.36% compared to the value as of December 31, 2020 of Rp26.44 billion. This was mainly due to improved solvency of the Company.

Liabilitas Imbalan Kerja Jangka Pendek

Per 31 Desember 2021, Liabilitas Imbalan Kerja Jangka Pendek tercatat sebesar Rp26,67 miliar, turun Rp12,71 miliar atau 32,28% dibandingkan nilai per 31 Desember 2020 sebesar Rp39,38 miliar.

Short-Term Employee Benefit Liabilities

As of December 31, 2021, Short-Term Employee Benefits Liabilities were recorded at Rp26.67 billion, decreased by Rp12.71 billion or 32.28% compared to the value as of December 31, 2020 of Rp39.38 billion.

Bagian yang Jatuh Tempo dalam Waktu Satu Tahun

Per 31 Desember 2021, Bagian yang Jatuh Tempo dalam Waktu Satu Tahun tercatat sebesar Rp105,02 miliar, turun Rp322,87 miliar atau 75,46% dibandingkan nilai per 31 Desember 2020 sebesar Rp427,89 miliar.

Current Maturities of Long-Term Liabilities

As of December 31, 2021, Current Maturities of Long-Term Liabilities was recorded at Rp105.02 billion, a decrease of Rp322.87 billion or 75.46% compared to the value as of December 31, 2020, which was Rp427.89 billion.

Liabilitas Jangka Panjang

Non-Current Liabilities

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Liabilitas Jangka Panjang Setelah Dikurangi Bagian yang Jatuh Tempo Dalam Waktu Satu Tahun / Long-term maturities of long-term liabilities	410.311	125.450	284.861	227,07%
Liabilitas Imbalan Kerja / Employee Benefit Liabilities	767.844	698.413	69.431	9,94%
Liabilitas Pajak Tangguhan / Deferred Tax Liability	1.908	9.108	-7.200	-79,05%
Jumlah / Total	**1.180.063**	**832.971**	**347.092**	**41,67%**

Liabilitas Jangka Panjang Per 31 Desember 2021 tercatat sebesar Rp1.180,06 miliar, naik Rp347,09 miliar atau 41,67% dibandingkan nilai per 31 Desember 2020 sebesar Rp832,97 miliar.

Non-Current Liabilities as of December 31, 2021 were recorded at Rp1,180.06 billion, an increase of Rp347.09 billion or 41.67% compared to the value as of December 31, 2020 of Rp832.97 billion.

Liabilitas Jangka Panjang Setelah Dikurangi Bagian yang Jatuh Tempo dalam Waktu Satu Tahun

Per 31 Desember 2021, Liabilitas Jangka Panjang Setelah Dikurangi Bagian yang Jatuh Tempo dalam Waktu Satu Tahun tercatat sebesar Rp410,31 miliar, naik Rp284,86 miliar atau 227,07% dibandingkan nilai per 31 Desember 2020 sebesar Rp125,45 miliar.

Long-Term Maturities of Long-Term Liabilities

As of December 31, 2021, long-term liabilities after deducting the portion due within one year were recorded at Rp410,31 billion, an increase of Rp284.86 billion or 227.07% compared to the value as of December 31, 2020, which was Rp125.45 billion..

Liabilitas Imbalan Kerja

Per 31 Desember 2021, Liabilitas Imbalan Kerja tercatat sebesar Rp767,84 miliar, naik Rp69,43 miliar atau 9,94% dibandingkan nilai per 31 Desember 2020 sebesar Rp698,41 miliar.

Employee Benefits Liabilities

As of December 31, 2021, Employee Benefits Liabilities were recorded at Rp767.84 billion, an increase of Rp69.43 billion or 9.94% compared to the value as of December 31, 2020 of Rp698.41 billion.

Liabilitas Pajak Tangguhan

Per 31 Desember 2021, Liabilitas Pajak Tangguhan tercatat sebesar Rp1,91 miliar, turun Rp7,20 miliar atau 79,05% dibandingkan nilai per 31 Desember 2020 sebesar Rp9,11 miliar.

Deferred Tax Liabilities

As of December 31, 2021, Deferred Tax Liabilities were recorded at Rp1.91 billion, a decrease of Rp7.20 billion or 79.05% compared to the value as of December 31, 2020 of Rp9.11 billion.

EKUITAS / EQUITY

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Modal Saham / Share Capital	2.921.776	2.921.776	0	0,00%
Modal Donasi / Donated Capital	4.589	4.589	0	0,00%
Tambahan Modal Disetor / Additional Paid-in Capital	(1.172.466)	(1.172.466)	0	0,00%
Penghasilan Komprehensif Lain / Other Comprehensive Income	(25.466)	(83.342)	57.876	-69,44%
Saldo Laba / Retained Earnings				
Ditentukan Penggunaannya / Appropriated	21.215	21.215	0	0,00%
Belum Ditentukan Penggunaannya / Unappropriated	1.279.076	610.465	668.611	109,52%
Kepentingan Non-Pengendali / Non-Controlling Interest	712.567	545.809	166.758	30,55%
Jumlah / Total	**3.831.291**	**2.848.046**	**983.245**	**34,52%**

Per 31 Desember 2021, nilai Ekuitas tercatat sebesar Rp3.831,29 miliar, naik Rp983,25 miliar atau 34,52% dibandingkan nilai per 31 Desember 2020 sebesar Rp2.848,05 miliar.

As of December 31, 2021, the Equity value were recorded at Rp3,831.29 billion, an increase of Rp983.25 billion or 34.52% compared to the value on December 31, 2020 of Rp2,848,05 billion.

LAPORAN LABA (RUGI) DAN PENGHASILAN KOMPREHENSIF LAIN KONSOLIDASIAN

CONSOLIDATED STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Pendapatan / Revenues	6.834.474	5.283.921	1.550.553	29,34%
Beban Operasi / Operating Expenses	(5.794.052)	(4.960.494)	-833.558	16,80%
Laba Bruto / Gross Profit	1.040.422	323.427	716.995	221,69%
Pendapatan Keuangan / Financial Income	34.298	30.048	4.250	14,14%
Pendapatan Lain-lain, Neto / Other Income, Net	34.496	58.292	-23.796	-40,82%
Laba Sebelum Beban Pajak Penghasilan / Profit Before Income Tax Expense	1.061.016	411.767	649.249	157,67%
Beban Pajak Penghasilan / Income Tax Expense	(214.989)	(122.435)	-92.554	75,59%
Laba Tahun Berjalan setelah Efek Penyesuaian Entitas Penggabungan / Profit for the Year after Effect of Merging Entities Adjustment	846.027	289.332	556.695	192,41%
(Rugi)/Penghasilan Komprehensif Lain: / Other Comprehensive (Loss)/Income				
Pos-pos yang Tidak Direklasifikasi ke Laba Rugi dalam Periode Berikutnya / Item not to be reclassified to profit or loss in subsequent periods				
Pengukuran Kembali atas Liabilitas Imbalan Pasti Neto / Remeasurement of net defined benefit liability	85.578	(53.195)	138.773	-260,88%
Pos-pos yang Akan Direklasifikasi ke Laba Rugi dalam Periode Berikutnya / Item to be reclassified to profit or loss in subsequent periods				
Keuntungan atas Aset Keuangan Tersedia untuk Dijual / Gain on Available-for-Sale Financial Assets	71	1.608	-1.537	-95,58%
Total Penghasilan Komprehensif Lain Setelah Efek Penyesuaian Entitas Penggabungan / Total Other Comprehensive Income After Adjusting Effects of the Merging Entity	931.676	237.745	693.931	291,88%
Penyesuaian atas Laba Entitas Penggabungan: / Adjustment of merging entities profit:				
Kepemilikan Entitas Induk / Owners of parent entity	-	(10.792)	10.792	-100,00%
Kepentingan Non-Pengendali / Non-Controlling Interest	-	(4.928)	4.928	-100,00%
Jumlah / Total	**-**	**(15.720)**	**15.720**	**-100,00%**
Total Laba sebelum Efek dari Penyesuaian Entitas Penggabungan Diatribusikan kepada: / Net Income Before the Effect of Merging Entities Income Adjustment Attributable to:				
Kepemilikan Entitas Induk / Owners of parent entity	692.318	237.069	455.249	192,03%
Kepentingan Non-Pengendali / Non-Controlling Interest	153.709	36.543	117.166	320,63%
Jumlah / Total	**846.027**	**273.612**	**572.415**	**209,21%**
Penyesuaian atas Penghasilan Komprehensif Entitas: / Adjustment of Merging Entities Comprehensive Income:				
Kepemilikan Entitas Induk / Owners of parent entity	-	(10.792)	10.792	-100,00%
Kepentingan Non-Pengendali / Non-Controlling Interest	-	(4.928)	4.928	-100,00%
Jumlah / Total	**-**	**(15.720)**	**15.720**	**-100,00%**
Total Penghasilan Komprehensif Lainnya sebelum Efek dari Penyesuaian Entitas Penggabungan Diatribusikan kepada: / Total Other Comprehensive Income Before the Effect of Merging Entities Adjustment Attributable to:				
Kepemilikan Entitas Induk / Owners of parent entity	750.194	197.318	552.876	280,20%
Kepentingan Non-Pengendali / Non-Controlling Interest	181.482	24.707	156.775	634,54%
Total	**931.676**	**222.025**	**709.651**	**319,63%**

Pendapatan

Revenues

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Penunjang Medis / Medical Support	1.699.366	1.600.746	98.620	6,16%
Rawat Inap / Inpatient	2.078.807	1.235.882	842.925	68,20%
Farmasi / Pharmacy	1.225.696	1.120.518	105.178	9,39%
Rawat Jalan / Outpatient	1.103.080	841.733	261.347	31,05%
Pendapatan Umum / General Income	652.284	339.927	312.357	91,89%
Pendapatan *Managed Care* / Income from Managed Care	75.241	145.115	-69.874	-48,15%
Jumlah / Total	**6.834.474**	**5.283.921**	**1.550.553**	**29,34%**

Pendapatan Perusahaan di tahun 2021 tercatat sebesar Rp6.834,47 miliar, naik Rp1.550,55 miliar atau 29,34% dibandingkan tahun 2020 sebesar Rp5.283,92 miliar. Peningkatan/penurunan Pendapatan di tahun 2021 terutama berasal dari komponen Rawat Inap karena adanya peningkatan kasus Covid-19 pada pertengahan tahun 2021. Kenaikan Pendapatan di tahun 2021 memberikan dampak yang sangat baik bagi Perusahaan untuk keberlangsungan usaha.

Berikut adalah uraian terkait kinerja masing-masing sumber Pendapatan Perusahaan di tahun 2021:

1. Pendapatan Penunjang Medis di tahun 2021 tercatat sebesar Rp1.699,37 miliar, naik Rp98,62 miliar atau 6,16% dibandingkan tahun 2020 sebesar Rp1.600,75 miliar. Peningkatan tersebut disebabkan oleh adanya layanan *telemedicine* yang menjadi alternatif bagi pasien untuk konsultasi pada saat adanya lonjakan Covid-19 pada pertengahan tahun 2021.
2. Pendapatan Rawat Inap di tahun 2021 tercatat sebesar Rp2.078,81 milair, naik Rp842,93 miliar atau 68,20% dibandingkan tahun 2020 sebesar Rp1.235,88 miliar. Peningkatan tersebut disebabkan oleh adanya peningkatan pasien Covid-19 pada pertengahan tahun 2021.
3. Pendapatan Farmasi di tahun 2021 tercatat sebesar Rp1.225,70 miliar, naik Rp105,18 miliar atau 9,39% dibandingkan tahun 2020 sebesar Rp1.120,52 miliar. Peningkatan tersebut disebabkan oleh peningkatan rujukan ke RS Pertamedika IHC Group terhadap perawatan pasien.
4. Pendapatan Rawat Jalan di tahun 2021 tercatat sebesar Rp1.103,08 miliar, naik Rp261,35 miliar atau 31,05% dibandingkan tahun 2020 sebesar Rp841,73 miliar. Peningkatan tersebut disebabkan oleh adanya layanan *telemedicine* dan *onsite test* yang dilakukan Perusahaan.
5. Pendapatan Umum di tahun 2021 tercatat sebesar Rp652,28 naikRp312,36 miliar atau 91,89% dibandingkan tahun 2020 sebesar Rp339,93 miliar. Peningkatan tersebut disebabkan oleh adanya kenaikan kinerja operasional selama tahun 2021.

The Company's revenue in 2021 was recorded at Rp6,834.47 billion, an increase of Rp1,550.55 billion or 29.34% compared to 2020 of Rp5,283.92 billion. Income increase in 2021 mainly comes from the Inpatient component due to an increase in Covid-19 cases in mid-2021. The increase in Revenue in 2021 had a very good impact for the Company for business continuity.

The following is a description of the performance of each of the Company's revenue sources in 2021:

1. Medical Support Income in 2021 was recorded at Rp1,699.37 billion, an increase of Rp98.62 billion or 6.16% compared to 2020 which was Rp1,600.75 billion. Such increase was due to telemedicine service that became alternative for patients for consultation during Covid-19 surge in mid-2021.
2. Inpatient income in 2021 was recorded at Rp2,078.81 billion, an increase of Rp842.93 billion or 68.20% compared to 2020 of Rp1,235.88 billion. The increase was due to a surge in Covid-19 patients in mid-2021.
3. Pharmacy income in 2021 was recorded at Rp1,225.70 billion, an increase of Rp105.18 billion or 9.39% compared to 2020 which was Rp1,120.52 billion. The increase was due to increased referrals to Pertamedika IHC Group Hospital for patient treatment.
4. Outpatient income in 2021 was recorded at Rp1,103.08 billion, an increase of Rp261.35 billion or 31.05% compared to 2020 which was Rp841.73 billion. The increase was due to telemedicine service and onsite test carried out by the Company.
5. General Income in 2021 was recorded t Rp652.28 billion, an increase of Rp312.36 billion or 91.89% compared to 2020 which was Rp339.93 billion. The increase was due increased operational performance throughout 2021.

6. Pendapatan *Managed Care* di tahun 2021 tercatat sebesar Rp75,24, turun Rp69,87 miliar atau 29,34% dibandingkan tahun 2020 sebesar Rp145,12 miliar.

6. Managed Care income in 2021 was recorded at Rp75.24, decreased by Rp69.87 billion or 29.34% compared to 2020 which was Rp145.12 billion.

Beban Operasi

Operating Expenses

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Beban Pegawai / Employees Expense	2.269.551	1.961.547	308.004	15,70%
Bahan / Material				
Non Obat / Non-Medicines	1.089.942	827.468	262.474	31,72%
Obat-Obatan / Medicines	827.418	800.160	27.258	3,41%
Umum dan Administrasi / General and Administration	400.521	350.792	49.729	14,18%
Penyusutan / Depreciation	370.630	342.475	28.155	8,22%
Kontrak / Contract	262.392	318.577	-56.185	-17,64%
Insentif Jasa Pelayanan / Services Incentives	241.523	141.499	100.024	70,69%
Pemeliharaan / Maintenance	138.431	115.476	22.955	19,88%
Penyisihan Piutang / Allowance Receivable	54.736	68.703	-13.967	-20,33%
Penyusutan Aset Hak Guna / Depreciation of Right of Use Assets	53.946	74.002	-20.056	-27,10%
Lain-lain (Masing-masing di bawah Rp1.000) / Others (each below Rp1,000)	84.962	33.797	51.165	151,39%
Jumlah / Total	**5.794.052**	**4.960.494**	**833.558**	**16,80%**

Beban Operasi di tahun 2021 tercatat sebesar Rp5.794,05 miliar, naik Rp833,56 miliar atau 16,80% dibandingkan tahun 2020 sebesar Rp4.960,49 miliar. Peningkatan tersebut terutama berasal dari komponen Lain-Lain yang meningkat 151,39%. Peningkatan Beban Operasi sebesar 16,80% di tahun 2021 merupakan akibat adanya peningkatan Beban Non Obat sebanyak 31,72%.

Operating expenses in 2021 were recorded at Rp5,794.05 billion, an increase of Rp833.56 billion or 16.80% compared to 2020 of Rp4,960,49 billion. The increase was primarily derived from Other component which increased by 151.39%. The increase in Operating Expenses by 16.80% in 2021 was due to increased Non-Medicine Expenses by 31.72%

Laba Bruto

Laba Bruto Perusahaan di tahun 2021 tercatat sebesar Rp1.040,42 miliar naik Rp217,00 miliar atau 221,69% dibandingkan tahun 2020 sebesar Rp323,43 miliar. Peningkatan Laba Bruto tersebut memberikan dampak positif bagi Perusahaan karena menunjukkan adanya peningkatan kinerja selama tahun 2021.

Gross Profit

Gross profit of the Company in 2021 was amounted to Rp1,040.42 billion, an increase of Rp217.00 billion or 221.69% compared to 2020 amounting to Rp323,43 billion. The increase in Gross Profit has a positive impact on the Company's performance in 2021.

Pendapatan Keuangan

Pendapatan Keuangan Perusahaan di tahun 2021 tercatat sebesar Rp34,30 miliar, naik Rp4.25 miliar atau 14,14% dibandingkan tahun 2020 sebesar Rp323,43 miliar. Kenaikan tersebut disebabkan oleh adanya peningkatan kunjungan ke Perusahaan selama tahun 2021.

Financial income

Corporate Financial income in 2021 was amounted to Rp34.30 billion, an increase of Rp4.25 billion or 14.14% compared to 2020 amounting to Rp323,43 billion. The increase was caused by increased visits to the Company in 2021.

Pendapatan Lain-Lain, Neto / **Other Income, Net**

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Donasi dari Pihak Ketiga / Donation from Third Parties	-	17.211	-17.211	-100,00%
Revaluasi Properti Investasi / Property Investment Revaluation	6.724	10.650	-3.926	-36,86%
Sewa / Rent	5.755	8.343	-2.588	-31,02%
Pendapatan *Management & Branding* / Management & Branding Fee	11.309	3.750	7.559	201,57%
Pendapatan Jasa Parkir / Parking Fee	2.631	2.779	-148	-5,33%
Lain-lain / Others	8.077	15.559	-7.482	-48,09%
Jumlah / Total	**34.496**	**58.292**	**-23.796**	**-40,82%**

Pendapatan Lain-lain, Neto di tahun 2021 tercatat sebesar Rp34,50 miliar, turun Rp23,80 miliar atau 40,82% dibandingkan tahun 2020 sebesar Rp58,29 miliar.

Other Income, Net in 2021 was recorded Rp34.50 billion, decreased by Rp23.80 billion or 40.82% compared to 2020 which was Rp58.29 billion.

Laba Sebelum Beban Pajak Penghasilan

Laba Sebelum Beban Pajak Penghasilan di tahun 2021 tercatat sebesar Rp1.061,02 miliar, naikRp649,25 miliar atau 157,67% dibandingkan tahun 2020 sebesar Rp411,77 miliar.

Profit Before Income Tax Expenses

Profit Before Income Tax Expense in 2021 was recorded at Rp1,061.02 billion, an increase of Rp649.25 billion or 157.67% compared to 2020 of Rp411.77 billion.

Laba Tahun Berjalan Setelah Efek Penyesuaian Entitas Penggabungan

Laba Tahun Berjalan Setelah Efek Penyesuaian Entitas Penggabungan di tahun 2021 tercatat sebesar Rp846,03 miliar, naikRp556,70 miliar atau 192,41% dibandingkan tahun 2020 sebesar Rp289,33 miliar.

Profit for the Year after the Effect of Merging Entities Adjustment

Profit for the Year After Adjusting Effects of the Merging Entity in 2021 was recorded at Rp846.03 billion, an increase of Rp556.70 billion or 192.41% compared to 2020 which was Rp289.33 billion.

LAPORAN ARUS KAS KONSOLIDASIAN

CONSOLIDATED STATEMENTS OF CASH FLOWS

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Arus Kas dari (digunakan untuk) Aktivitas Operasi / Cash Flows from (used in) Operating Activities	1.843.283	1.399.023	444.260	31,76%
Arus Kas dari (digunakan untuk) Aktivitas Investasi / Cash Flow from (used in) Investing Activities	(294.801)	(1.786.862)	1.492.061	-83,50%
Arus Kas dari (digunakan untuk) Aktivitas Pendanaan / Cash Flow from (used in) Financing Activities	(86.100)	1.211.881	-1.297.981	-107,10%
Kenaikan Bersih Kas dan Setara Kas / Net Increase in Cash and Cash Equivalents	1.462.382	824.042	638.340	77,46%
Kas dan Setara Kas Pada Awal Tahun / Cash and Cash Equivalents at Beginning of the Year	1.229.294	405.252	824.042	203,34%
Kas dan Setara Kas Pada Akhir Tahun / Cash and Cash Equivalents at End of the Year	2.691.676	1.229.294	1.462.382	118,96%

Sampai dengan akhir tahun 2021, Perusahaan mencatatkan kenaikan bersih Kas dan Setara Kas sebesar Rp1.462,38 miliar, naik Rp638,34 miliar atau 77,46% dibandingkan dengan akhir tahun 2020 sebesar Rp824,04 miliar.

As of the end of 2021, the Company recorded a net increase in Cash and Cash Equivalents of Rp1,462.38 billion, an increase of Rp638.34 billion or 77.46% compared to the end of 2020 of Rp824.04 billion.

Arus Kas dari (digunakan untuk) Aktivitas Operasi

Cash from (used in) Operating Activities

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Penerimaan dari Pelanggan / Cash Received from Customers	7.617.173	6.368.506	1.248.667	19,61%
Pembayaran kepada Pemasok / Cash Paid to Suppliers	(3.478.592)	(2.732.984)	-745.608	27,28%
Pembayaran kepada Dokter / Cash Paid to Doctors	(585.181)	(810.986)	225.805	-27,84%
Pembayaran kepada Karyawan / Cash Paid to Employees	(1.563.180)	(1.361.972)	-201.208	14,77%
Penerimaan Pendapatan Keuangan / Receipt of Finance Income	33.284	30.048	3.236	10,77%
Pembayaran Pajak Penghasilan Badan / Payment of Corporate Income Tax	(180.221)	(93.589)	-86.632	92,57%
Kas Bersih Diperoleh (digunakan untuk) dari Aktivitas Operasi / Net Cash Provided by (used in) Operating Activities	1.843.283	1.399.023	444.260	31,76%

Kas Bersih yang Diperoleh dari Aktivitas Operasi sampai dengan akhir tahun 2021 tercatat sebesar Rp1.842,28 miliar, naik Rp444,26 miliar atau 31,76% dibandingkan nilai pada akhir tahun 2020 sebesar Rp1.399,02 miliar. Peningkatan tersebut terutama berasal dari adanya peningkatan kinerja operasional Perusahaan akibat adanya lonjakan Covid-19.

Net Cash from Operating Activities as of the end of 2021 was recorded at Rp1,842.28 billion, an increase of Rp444.26 billion or 31.76% compared to the value at the end of 2020 of Rp1,399.02 billion. The increase mainly came from increased operational performance due to Covid-19 surge.

Arus Kas dari (digunakan untuk) Aktivitas Investasi

Cash Flows from (used in) Investing Activities

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Perolehan Aset Tetap / Acquisition of Fixed Assets	(294.896)	(411.891)	116.995	-28,40%
Hasil Penjualan Aset Tetap / Proceeds from Sale of Fixed Assets	95	-	95	100,00%
Akuisisi Entitas Anak / Acquisition of Subsidiaries	-	(1.374.971)	1.374.971	-100,00%
Kas Bersih Digunakan untuk Aktivitas Investasi / Net Cash Used in Investing Activities	(294.801)	(1.786.862)	1.492.061	-83,50%

Kas Bersih yang Digunakan untuk Aktivitas Investasi sampai dengan akhir tahun 2021 tercatat sebesar Rp294,80 miliar, turun Rp1.492,06 miliar atau 83,50% dibandingkan nilai pada akhir tahun 2020 sebesar Rp1.786,86 miliar. Penurunan tersebut terutama berasal dari adanya penundaan akuisisi Rumah Sakit.

Net Cash Used for Investing Activities as of the end of 2021 was recorded at Rp294.80 billion, decreased by Rp1,492.06 billion or 83.50% compared to the value at the end of 2020 of Rp1,786.86 billion. The decrease was mainly caused by postponement of hospital acquisition.

Arus Kas dari (untuk) Aktivitas Pendanaan

Cash Flows from (used in) Financing Activities

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
Setoran Modal dari Pemegang Saham Perusahaan / Additional of Share Capital from the Company's Shareholders	-	6.368.506	-6.368.506	-100,00
Pembayaran Dividen Kas / Cash Dividend Payment	(23.307)	-	-23.307	100,00%
Pembayaran Dividen Kas kepada Pemegang Saham Non-Pengendali / Payment of Cash Dividend to Non-Controlling Interests	(14.485)	(9.631)	-4.854	50,40
Penerimaan Uang Muka Setoran Modal / Receipt from Advance Subscription	90.000	-	90.000	100,00%
Penerimaan Pinjaman Bank dan Non-Bank / Receipt from Bank and Non-Bank Loan	184.103	-	184.103	100,00%
Pembayaran Pinjaman / Loan Payments	(229.884)	(412.004)	182.120	-44,20
Pembayaran Liabilitas Sewa / Payment of Lease Liabilities	(56.839)	(12.487)	-44.352	355,19
Pembayaran Bunga / Interest Payments	(35.288)	(65.655)	30.367	-46,25
Kas Bersih Diperoleh dari (Digunakan untuk) Aktivitas Investasi / Net Cash Flows Provided by (Used in) Financing Activities	(86.100)	1.211.881	-1.297.981	-107,10

Kas Bersih yang Diperoleh dari (digunakan untuk) Aktivitas Investasi sampai dengan akhir tahun 2021 tercatat sebesar Rp86,10 miliar, turun Rp1.297,98 miliar atau 107,10% dibandingkan nilai pada akhir tahun 2020 sebesar Rp1.211,88 miliar. Penurunan tersebut terutama berasal dari Setoran Modal Pemegang Saham Perusahaan.

Net Cash Obtained from (used in) Investment Activities as of the end of 2021 was recorded at Rp86.10 billion, a decrease of Rp1,297.98 billion or 107.10% compared to the value at the end of 2020 of Rp1,211.88 billion. The decrease mainly came from the Company's Shareholders' Equity.

ANALISIS KEMAMPUAN MEMBAYAR UTANG, KOLEKTIBILITAS PIUTANG, DAN RASIO KEUANGAN LAINNYA

ANALYSIS OF SOLVENCY, COLLECTABILITY, AND OTHER FINANCIAL RATIOS

KEMAMPUAN MEMBAYAR UTANG

SOLVENCY

Uraian / Description	2021	2020
Rasio Likuiditas / Liquidity Ratio		
Rasio Lancar / Current Ratio	182,35%	134,03%
Rasio Kas / Cash Ratio	112,01%	57,35%
Rasio Solvabilitas / Solvency Ratio		
Debt to Equity Ratio (DER)	94,40%	104,82%
Debt to Asset Ratio (DAR)	48,56%	51,18%

Rasio Likuiditas

Dalam mengukur kemampuan Perusahaan untuk membayar utang usahanya, Perusahaan menggunakan Rasio Likuiditas yang terdiri dari Rasio Lancar dan Rasio Kas. Nilai Rasio Likuiditas dapat digunakan untuk mengukur kemampuan perusahaan dalam memenuhi kewajiban atau membayar utang jangka pendeknya.

Pada tahun 2021, Rasio Lancar (*Current Ratio*) tercatat sebesar 182,35%, naik dibandingkan tahun 2020 sebesar 134,03%. Hal tersebut menunjukkan bahwa kemampuan Perusahaan dalam memenuhi kewajiban jangka pendeknya telah meningkat di tahun 2021.

Liquidity Ratio

In measuring the Company's ability to pay its trade payables, the Company uses the Liquidity Ratio which consists of the Current Ratio and Cash Ratio. The value of the Liquidity Ratio can be used to measure the company's ability to meet its obligations or pay its short-term debt.

In 2021, the Current Ratio was recorded at 182.35%, an increase compared to 2020 at 134.03%. This shows that the Company's ability to meet its short-term obligations has increased in 2021.

Pada tahun 2020, Rasio Kas (*Cash Ratio*) tercatat sebesar 112,01%, naik bila dibandingkan tahun 2020 sebesar 57,35%. Hal tersebut menunjukkan bahwa kemampuan Perusahaan untuk memenuhi kewajiban jangka pendeknya dengan menggunakan Kas dan Setara Kas telah menurun secara signifikan di tahun 2021.

In 2020, the Cash Ratio was recorded at 112.01%, an increase compared to 2020 at 57.35%. This shows that the Company's ability to meet its short-term obligations using Cash and Cash Equivalents has decreased significantly in 2020.

Rasio Solvabilitas

Perusahaan juga memakai Rasio Solvabilitas untuk mengukur besarnya jumlah Aset Perusahaan yang dibiayai oleh utang. Rasio Solvabilitas yang dipakai Perusahaan adalah Rasio Liabilitas terhadap Ekuitas (DER) dan Rasio Liabilitas terhadap Jumlah Aset (DAR).

Solvency Ratio

The Company also uses the Solvency Ratio to measure the amount of the Company's assets financed by debt. The Solvency Ratio used by the Company is the Debt to Equity Ratio (DER) and Debt to Asset Ratio (DAR).

Rasio Liabilitas terhadap Ekuitas (DER) sampai dengan akhir tahun 2021 tercatat sebesar 94,40%, turun dibandingkan tahun 2020 sebesar 104,82%. Hal tersebut menunjukkan bahwa kemampuan Perusahaan untuk memenuhi seluruh kewajibannya dengan menggunakan Ekuitas yang tersedia telah menurun di tahun 2021.

The Debt to Equity Ratio (DER) as of the end of 2021 was recorded at 94.40%, decreased compared to 2020 which was 104.82%. This shows that the Company's ability to meet all of its obligations using the available Equity has decreased in 2021.

Rasio Liabilitas terhadap Aset (DAR) sampai dengan akhir tahun 2021 tercatat sebesar 48,56%, turun dibandingkan tahun 2020 sebesar 51,18%. Hal tersebut menunjukkan bahwa kemampuan Perusahaan untuk memenuhi seluruh kewajibannya dengan menggunakan Aset yang tersedia belum mengalami peningkatan di tahun 2021.

Debt to Assets Ratio (DAR) as of the end of 2021 was recorded at 48.56%, a decrease compared to 2020 of 51.18%. This shows that the Company's ability to fulfill all of its obligations by using available assets has not increased in 2021.

KOLEKTIBILITAS PIUTANG / COLLECTABILITY

Uraian / Description	2021	2020
Collection Period	51	50

Rata-rata pengumpulan piutang (*collection period*) Perusahaan pada tahun 2021 tercatat selama 51 hari dibandingkan dengan tahun 2020 selama 50 hari.

The Company's average receivables collection period in 2021 was recorded for 51 days compared to 2020 for 50 days.

Rasio Keuangan Lainnya

Kemampuan Perusahaan dalam mencetak laba dapat diukur dari besaran Rasio Profitabilitasnya. Rasio Profitabilitas adalah perbandingan yang dihitung untuk mengetahui kemampuan perusahaan untuk mendapatkan laba dari pendapatan terkait Pendapatan, Aset dan Ekuitas berdasarkan dasar pengukuran tertentu.

Other Financial Ratios

The Company's ability to generate profits can be measured by the amount of the Profitability Ratio. Profitability Ratio is a comparison that is calculated to determine the company's ability to earn profits from revenues related to Revenue, Assets and Equity based on certain measurement bases.

Rasio Profitabilitas / Profitability Ratio

Uraian / Description	2021	2020
Return on Asset (ROA)	9,18%	4,06%
Return on Equity (ROE)	22,08%	10,67%
Gross Profit Margin (GPM)	15,22%	6,10%
Net Profit Margin (NPM)	10,13%	4,92%

Pada tahun 2021, Rasio Laba terhadap Jumlah Aset (ROA) tercatat sebesar 9,18%, lebih tinggi bila dibandingkan dengan tahun 2020 sebesar 4,06%. Hal tersebut menunjukkan bahwa Perusahaan dalam menggunakan Aset yang tersedia untuk menghasilkan keuntungan telah meningkat secara signifikan di tahun 2021.

Return on Assets (ROA) Ratio in 2021 was recorded at 9.18%, higher than 4.06% in 2020. This shows that the Company's use of available assets to generate profits has increased significantly in 2021.

Rasio Laba terhadap Ekuitas (ROE) sampai dengan akhir tahun 2021 tercatat sebesar 22,08%, lebih tinggi dibandingkan tahun 2020 sebesar 10,67%. Hal tersebut menunjukkan bahwa Perusahaan dalam menggunakan Ekuitas yang tersedia untuk menghasilkan keuntungan telah meningkat secara signifikan di tahun 2021.

Return on Equity (ROE) Ratio as of the end of 2021 was recorded at 22.08%, higher than 2020 at 10.67%. This shows that the Company's use of available Equity to generate profits has increased significantly in 2021.

Marjin Laba Bruto (GPM) di tahun 2021 tercatat sebesar 15,22%, naik dibandingkan tahun 2020 sebesar 6,10%. Hal tersebut sejalan dengan kenaikan Marjin Laba Bersih (NPM) yang tercatat sebesar 10,13% di tahun 2021, naik dibandingkan tahun 2020 yang tercatat sebesar 4,92%. Realisasi GPM dan NPM di tahun 2021 menunjukkan peningkatan efisiensi kegiatan operasional Perusahaan untuk menghasilkan keuntungan.

Gross Profit Margin (GPM) in 2021 was recorded at 15.22%, an increase compared to 2020 which was 6.10%. This is in line with the increase in Net Profit Margin (NPM) which was recorded at 10.13% in 2021, an increase compared to 2020 which was recorded at 4.92%. The realization of GPM and NPM in 2021 shows an increase in the efficiency of the Company's operational activities to generate profits.

STRUKTUR MODAL DAN KEBIJAKAN MANAJEMEN ATAS STRUKTUR MODAL

Tujuan Perusahaan dalam pengelolaan permodalan adalah untuk mempertahankan kelangsungan usaha Perusahaan guna memberikan imbal hasil kepada pemegang saham dan manfaat kepada pemegang saham lainnya serta menjaga struktur modal yang optimal untuk mengurangi biaya modal.

Perusahaan melakukan penilaian secara berkala untuk menilai kemungkinan pembiayaan kembali kewajiban yang ada dengan yang baru yang memiliki biaya yang lebih efisien yang akan mengarahkan pada biaya utang yang lebih optimal. Perusahaan menjaga struktur modalnya pada tingkat yang diyakini tidak akan membahayakan peringkat kredit dan yang hampir setara dengan pesaingnya.

CAPITAL STRUCTURE AND MANAGEMENT POLICY ON CAPITAL STRUCTURE

By managing its capital, the Company aims to maintain the Company's business continuity in order to provide returns to shareholders and benefits to other shareholders as well as maintain an optimal capital structure to reduce the cost of capital.

The Company conducts periodic assessments to assess the possibility of refinancing existing obligations with new ones that are more cost efficient which will lead to more optimal debt costs. The company maintains its capital structure at a level it believes will not jeopardize its credit rating and which is nearly on par with its competitors.

Rasio utang terhadap ekuitas (perbandingan utang dengan bunga bersih terhadap jumlah ekuitas) adalah rasio yang dimonitor oleh manajemen untuk mengevaluasi struktur modal dan mengkaji efektivitas utang Perusahaan.

The debt to equity ratio (the comparison of debt with net interest to total equity) is a ratio that is monitored by management to evaluate the capital structure and assess the effectiveness of the Company's debt.

Uraian / Descriprion	2021		2020		Perubahan / Changes	
	Nominal	Persentase / Percentage	Nominal	Persentase / Percentage	Nominal	Persentase / Percentage
Liabilitas / Liabilities	3.617.068	48,56%	2.985.285	51,18%	631.783	21,16%
Ekuitas / Equity	3.831.291	51,44%	2.848.046	48,82%	983.245	34,52%
Jumlah Liabilitas dan Ekuitas / Total Liabilities and Equity	**7.448.359**	**100,00%**	**5.833.331**	**100,00%**	**1.615.028**	**27,69%**
Rasio Liabilitas terhadap Ekuitas / Debt to Equity Ratio		**94,41%**		**104,82%**		

Sampai dengan akhir tahun 2021, Struktur Modal Perusahaan terdiri dari 48,56% Liabilitas dan 51,44% Ekuitas. Komposisi tersebut mengalami perubahan dibandingkan Struktur Modal sampai dengan akhir tahun 2020 yang terdiri dari 51,18% Liabilitas dan 48,82% Ekuitas. Struktur Modal Perusahaan di tahun 2021 yang berupa Liabilitas menurun/meningkat, sedangkan komposisi Ekuitas pada Struktur Modal meningkat/menurun di tahun 2021. Secara keseluruhan, Struktur Modal Perusahaan di tahun 2021 telah sesuai dengan kebijakan Manajemen atas Struktur Modal. Selain itu, Rasio Liabilitas terhadap Ekuitas di tahun 2021 tercatat sebesar 94,40%, turun dibandingkan tahun 2020 sebesar 104,82%. Manajemen menilai bahwa Rasio Liabilitas terhadap Ekuitas pada tahun 2020 dan 2021 telah sesuai dengan kebijakan atas Struktur Modal.

As of the end of 2021, the Company's Capital Structure consists of 48.56% Liabilities and 51.44% Equity. This composition has changed compared to the Capital Structure at the end of 2020 which consists of 51.18% Liabilities and 48.82% Equity. The Company's Capital Structure in 2021 in the form of increased/decreased Liabilities, while the composition of Equity in the Capital Structure increased/decreased in 2021. Overall, the Company's Capital Structure in 2021 was in accordance with Management's policy on Capital Structure. In addition, the Liability to Equity Ratio in 2021 was recorded at 94.40%, decreased compared to 2020 of 104.82%. Management regards that the Liability to Equity Ratio in 2020 and 2021 is in accordance with the Capital Structure policy.

INFORMASI IKATAN MATERIAL UNTUK INVESTASI BARANG MODAL

Di tahun 2021, Pertamedika IHC melakukan program investasi terkait barang modal antara lain investasi berupa alat kesehatan, renovasi sarana dan prasarana RS, dll. Sumber dana berasal dari dana sendiri dan menggunakan mata uang rupiah. Tujuannya adalah untuk meningkatkan layanan baik dari sarana dan prasarana, memastikan kelancaran pelaksanaan usaha di tahun-tahun yang mendatang, meningkatkan pendapatan, serta menjamin keberlangsungan usaha.

INFORMATION ON MATERIAL BONDS FOR CAPITAL GOODS INVESTMENT

Pertamedika IHC carried out an investment program related to capital goods in 2021, including investment in medical equipment, renovation of hospital facilities and infrastructure, etc. The source of funds comes from own funds and uses the rupiah currency. The aim is to improve services, both in terms of facilities and infrastructure, ensure smooth business implementation in the years to come, increase income, and ensure business continuity.

INFORMASI REALISASI INVESTASI BARANG MODAL TAHUN 2021

Anggaran Biaya Investasi (ABI) RKAP tahun 2021 PT Pertamina Bina Medika IHC mengalami Revisi sebanyak 1 kali dari sebelumnya sebesar Rp452,52 Miliar menjadi Rp640,50 Miliar pada revisi I dengan perincian *Business Development* (BD) sebesar Rp298 Miliar dan *Non Business Development* (NBD) sebesar Rp342,50 Miliar. Sumber pembiayaan investasi tahun 2021 berasal dari modal sendiri (*own fund*) dan Penyertaan Modal Pertamina.

INFORMATION ON INVESTMENT REALIZATION OF CAPITAL GOODS IN 2021

The 2021 RKAP Investment Cost Budget (ABI) of PT Pertamina Bina Medika IHC was revised once from the previous Rp452.52 billion to Rp640.50 billion in the first revision with details of Business Development (BD) of Rp298 billion and Non-Business Development (NBD) amounting to Rp342.50 billion. The source of investment financing in 2021 will come from own fund and Pertamina's Equity Participation.

No	Jenis Investasi / Investment Type	RKAP 2021	Realisasi 2021 / Realization in 2021
	Business Development (BD)		
1	Akuisisi RS BUMN Fase 16 / Acquisition of SOE Hospital Phase 16	6.200	6.200
2	RS Pelni (Pembangunan Merial Tower) / Pelni Hospital (Merial Tower Construction)	100.000	47.010
3	Pembangunan RS di Balikpapan (Heart Center) / Construction of a Hospital in Balikpapan (Heart Center)	10.000	-
4	Pembangunan RS di Balikpapan (Tipe C) / Hospital construction in Balikpapan (Type C)	3.800	-
5	Makassar Heart & Brain Center	100.000	150.742
6	Bandung Heart & Brain Center (JV)	1.000	-
7	Bandung Cancer Center (JV)	1.000	-
8	Bali International Hospital	1.000	-
9	Lampung Heart Center	1.000	-
10	Sumatera Heart Center	1.000	-
11	Strategic Partnership	1.000	1.250
12	Penyertaan Modal untuk Restrukturisasi dan Pengembangan Bisnis / Equity Participation for Business Restructuring and Development	72.000	-
Jumlah / Total		**298.000**	**205.202**
	Non Business Development (NBD)		
1	Alat Kesehatan / Medical Devices	203.488	142.311
2	Fisik Umum / General Physique	121.814	39.613
3	*Other Carry Over Estimate*	17.204	31.122
Jumlah / Total		**342.507**	**213.046**
Grand Total		**640.507**	**418.248**

Tujuan investasi adalah mengoptimalkan nilai asset dan menciptakan ekosistem investasi yang sehat di seluruh Unit Usaha dan Anak Perusahaan PBM IHC dan telah mencakup investasi untuk implementasi *value creation*, pembangunan RS baru serta pemenuhan *Centre of Excellence* di RS BUMN.

The objective of investment is to optimize asset value and create a sound investment ecosystem in all PBM IHC Business Units and Subsidiaries and includes investments for value creation implementation, construction of new hospitals and fulfillment of the Center of Excellence in SOE Hospitals.

PERBANDINGAN ANTARA PROYEKSI DAN REALISASI TAHUN 2021

KINERJA OPERASIONAL TAHUN 2021

COMPARISON BETWEEN PROJECTION AND REALIZATION IN 2021

2021 OPERATIONAL PERFORMANCE

Uraian / Description	Target 2021	Realisasi 2021/ 2021 Realization	Pencapaian (%) / Achievement (%)
Bed Occupancy Rate (BOR)	64,2%	61%	95,02%
Jumlah Kunjungan Rawat Jalan (kunjungan) / Total Outpatients (visit)	5.174.941	5.844.218	112,90%
Jumlah Kunjungan Rawat Inap (kunjungan) / Total Inpatients (visits)	284.503	242.967	85,40%
Average Length of Stay (AvLOS) (hari / days)	3,9	4,7	83,00%
Jumlah Kunjungan Penunjang Medis / Total Medical Support Rate	7.100.883	9.604.802	135,30%

Bed Occupancy Rate (BOR)

Di tahun 2021, Perusahaan mencatatkan BOR sebesar 61%, mencapai 95,02% dari target RKAP 2021 sebesar 64,2%. Realisasi BOR dipengaruhi oleh banyaknya kunjungan rawat inap dan lamanya hari perawatan masing-masing pasien. Di tahun 2021, jumlah BOR belum mencapai target RKAP 2020 dikarenakan di akhir tahun kunjungan menurun dikarenakan angka pasien Covid-19 yang juga turut menurun.

Jumlah Kunjungan Rawat Jalan

Jumlah Kunjungan Rawat Jalan yang berhasil direalisasikan pada tahun 2021 tercatat sebanyak 5.844.218 kunjungan, mencapai 98,74% dari target RKAP 2021 sebanyak 5.918.828 kunjungan. Realisasi pencapaian Jumlah Kunjungan Rawat Jalan yang di bawah target di tahun 2021 tersebut disebabkan oleh dampak peningkatan kasus Covid-19 yang menyebabkan pasien non Covid-19 beralih ke layanan *home care* dan *telemedicine* dan terdapat kekhawatiran dari masyarakat untuk datang ke Rumah Sakit.

Jumlah Kunjungan Rawat Inap

Jumlah Kunjungan Rawat Inap yang berhasil direalisasikan pada tahun 2021 tercatat sebanyak 247.185 kunjungan, mencapai 86,88% dari target RKAP 2021 sebanyak 284.503 kunjungan. Realisasi pencapaian Jumlah Kunjungan Rawat Inap yang di bawah target di tahun 2021 tersebut disebabkan oleh peningkatan pasien Covid-19 namun hal tersebut juga diikuti dengan penurunan pasien Non Covid-19.

Average Length of Stay (AvLOS)

Perusahaan mencatatkan AvLOS selama 4,0 hari di tahun 2021, lebih 102,56% dari target RKAP 2021 selama 3,9 hari. Secara umum nilai AvLOS yang ideal adalah 3,5-5 hari, menurut Kemenkes RI. Semakin kecil angka AvLOS maka semakin baik bagi Perusahaan. Oleh karena itu, pencapaian yang melebihi target AvLOS di tahun 2021 merupakan sesuatu yang kurang baik dikarenakan lama rawat pasien Covid-19 lebih panjang hingga melebihi 1 minggu per pasiennya.

Jumlah Kunjungan Penunjang Medis

Jumlah Kunjungan Penunjang medis di tahun 2021 tercatat sebanyak 9.568.070 kunjungan, mencapai 110,71% dari target RKAP 2021 sebanyak 8.642.782 kunjungan. Realisasi pencapaian Jumlah Kunjungan Penunjang Medis yang melebihi target di tahun 2021 tersebut disebabkan oleh pemeriksaan Swab PCR dan Antigen yang meningkat serta pemeriksaan radiologi dan laboratorium untuk screening pasien Covid-19.

Bed Occupancy Rate (BOR)

In 2021, the Company recorded a BOR of 61%, reaching 95.02% of the 2021 RKAP target of 64.2%. BOR realization is influenced by the number of inpatient visits and the length of treatment days for each patient. In 2021, the amount of BOR has not reached the 2020 RKAP target due to the decline in in visits during the end of the year as a result of the declining number in Covid-19 patients.

Total Outpatient Visits

The total of Outpatient Visits that were successfully realized in 2021 was recorded as 5,844,218 visits, reaching 98.74% of the 2021 RKAP target of 5,918,828 visits. The realization of the achievement of the Number of Outpatient Visits which was below the target in 2021 was caused by the increase in Covid-19 cases which caused non-Covid-19 patients to switch to home care and telemedicine services as the Public considered that it was too risky to go to the hospital.

Total Inpatient Visits

The total of Inpatient Visits that were successfully realized in 2021 was recorded at 247,185 visits, reaching 86.88% of the 2021 RKAP target of 284,503 visits. The realization of the achievement of the Number of Inpatient Visits which was below the target in 2021 was caused by the increase in Covid-19 patients followed by a decrease in Non-Covid-19 patients.

Average Length of Stay (AvLOS)

The Company recorded AvLOS for 4.0 days in 2021, 102.56% more than the RKAP 2021 target of 3.9 days. In general, the ideal AvLOS value is 3.5-5 days, according to the Indonesian Ministry of Health. The smaller the AvLOS number, the better for the Company. Therefore, the achievement of exceeding the AvLOS target in 2021 is something that is not good because the length of stay of Covid-19 patients was longer than expected or exceeding 1 week per patient.

Total Medical Support Visits

The number of medical support visits in 2021 was recorded at 9,568,070 visits, reaching 110.71% of the 2021 RKAP target of 8,642,782 visits. The realization of the achievement of the Number of Medical Support Visits which exceeded the target in 2021 was caused by the PCR Swab and Antigen testing which increased along with the radiology and laboratory check-up for Covid-19 patient screening.

KINERJA KEUANGAN TAHUN 2021

2021 FINANCIAL PERFORMANCE

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	Target 2021	Realisasi 2021 / 2021 Realization	Pencapaian (%) / Achievement (%)
Pendapatan / Revenues	6.540.729	6.834.474	104,49%
Beban Operasi / Operating Income	(5.637.175)	(5.794.052)	102,78%
Laba Bruto / Gross Profit	998.921	1.040.422	104,15%
Laba Bersih Tahun Berjalan / Net Profit for the Year	639.715	846.027	132,25%
Aset / Assets	8.140.295	7.448.359	91,50%
Liabilitas / Liabilities	4.580.078	3.617.068	78,97%
Ekuitas / Equity	3.560.217	3.831.291	107,61%
Arus Kas dari (digunakan untuk) Aktivitas Operasi / Cash Flow from (used in) Operating Activities	880.252	1.843.283	209,40%
Arus Kas dari (digunakan untuk) Aktivitas Investasi / Cash Flow from (used in) Investing Activities	(1.020.201)	(294.801)	28,90%
Arus Kas dari (digunakan untuk) Aktivitas Pendanaan / Cash Flows from (used in) Financing Activities	818.712	(86.100)	-10,52%

Laporan Laba (Rugi)

Realisasi kinerja Laporan Laba (Rugi) di tahun 2021 telah mencapai target yang telah ditetapkan dalam RKAP 2021. Seluruh komponen Laba (Rugi) termasuk Pendapatan, Beban Operasi, Laba Bruto dan Laba Bersih Tahun berjalan berhasil melebihi target yang telah ditentukan. Khususnya, Laba Bersih Tahun Berjalan yang mencapai 132,25% dari target RKAP 2021. Pencapaian tersebut disebabkan oleh meningkatnya pendapatan di tahun 2021 yang meningkat sebesar 104,49% karena sempat ada lonjakan pasien Covid-19 pada pertangahan tahun 2021 dan kembalinya aktivitas ekonomi Kembali seperti normal.

Statement of Profit (Loss)

The realization of the Profit (Loss) Statement performance in 2021 has reached the target set in the 2021 RKAP.All components of Profit (Loss) including Revenue, Operating Expenses, Gross Profit and Net Profit for the year have successfully exceeded the predetermined target. In particular, the Net Profit for the Year which reached 132.25% of the 2021 RKAP target. This achievement was due to an increase in income in 2021 which increased by 104.49% due to a spike in Covid-19 patients in mid-2021 and the return of economic activity to the normal condition.

Laporan Posisi Keuangan

Dari sisi Laporan Posisi Keuangan, realisasi jumlah Aset yang dibukukan pada tahun 2021 mencapai 91,50% dari target, jumlah Liabilitas mencapai 78,97% dan jumlah Ekuitas mencapai 107,61% dari target RKAP 2021. Pencapaian komponen Laporan Posisi Keuangan di tahun 2021 disebabkan oleh peningkatan pada asset lancar karena adanya peningkatan Kas dan Setara Kas yang signifikan.

Statement of Financial Position

In terms of the Statement of Financial Position, the realization of the number of Assets recorded in 2021 reached 78.97% and total Equity reached 107.61% of the 2021 RKAP target. The achievement of the components of the Statement of Financial Position in 2021 was due to an increase in current assets due to a significant increase in Cash and Cash Equivalents.

Laporan Arus Kas

Arus Kas dari Aktivitas Operasi sampai dengan akhir tahun 2021 berhasil mencapai 209,40% dari target RKAP 2021 dan Arus Kas untuk Aktivitas Investasi mencapai 28,90% dari target yang telah ditentukan. Pencapaian tersebut disebabkan oleh peningkatan aktivitas operasional bisnis selama adanya lonjakan Covid-19.

Statement of Cash Flow

Cash Flow from Operating Activities until the end of 2021 has reached 209.40% of the 2021 RKAP target and Cash Flow for Investment Activities reached 28.90% of the predetermined target. This achievement was due to an increase in business operational activities during the Covid-19 surge.

KINERJA INVESTASI 2021

2021 INVESTMENT PERFORMANCE

(dalam jutaan Rupiah / in million Rupiah)

Uraian / Description	Target 2021	Realisasi 2021/ 2021 Realization	Pencapaian (%) / Achievement (%)
Business Development (BD)	298.000.000	205.202.000	68,86%
Non-Business Development (BD)	342.507.000	213.046.000	62,20%
Jumlah Investasi / Total Investments	**640.507.000**	**418.248.000**	**65,30%**

Jumlah Investasi yang direalisasikan pada tahun 2021 tercatat sebesar Rp 418,24 Milyar atau mencapai 65% dari Target 2021. Realisasi fisik mencapai 91,98% dikarenakan ada beberapa pembangunan Rumah Sakit yang masih menunggu kajian-kajian, dan pembangunan akan berlangsung di awal tahun 2022.

Realization of investment in 2021 amounted to Rp418.24 billion or 65% of the 2021 target. Physical realization reached 91.98% because there were several hospital constructions that are still waiting for reviews, and construction will take place in early 2022.

PROYEKSI TAHUN 2022

Menuju tahun 2022, Manajemen Perusahaan telah menetapkan target finansial yang diharapkan dapat tercapai di tahun yang akan datang seperti yang tertuang dalam RKAP 2022. Penetapan target tersebut dibuat berdasarkan berbagai asumsi makroekonomi sebagai berikut:

2022 PROJECTIONS

Towards 2022, the Company's Management has set financial targets that are expected to be achieved in the coming year as stated in the 2022 RKAP. The target setting is based on various macroeconomic assumptions as follows:

Tabel Asumsi Makroekonomi Tahun 2022

Table of Macroeconomic Assumptions for 2022

Indikator / Indicator	Nilai Asumsi 2022 / Value Assumption for 2022
Pertumbuhan Ekonomi / Economic Growth	5,2%
Tingkat Inflasi / Inflation Rate	3,0%
Kurs Rupiah per USD / Rupiah per USD Exchange Rate	Rp14.350
Tingkat Bunga SUN 10 Tahun / SUN Interest Rate in 10 Years	6,80%
Harga Minyak Mentah / Crude Oil Price	USD63/barel

Sumber: Kementerian Keuangan / Source: Ministry of Finance

Berikut adalah target yang telah ditetapkan dalam RKAP 2022 yang meliputi Kinerja Operasional, Kinerja Keuangan, dan Kinerja Investasi yang ingin dicapai pada tahun yang akan datang.

The followings are the targets set in the 2022 RKAP which include Operational Performance, Financial Performance, and Investment Performance to be achieved in the coming year.

Proyeksi Tahun 2022: Kinerja Operasional

2022 Projections: Operational Performance

Uraian / Description	Realisasi 2021 / 2021 Realization	Target 2022	Pertumbuhan (%) / Growth (%)
Bed Occupancy Rate (BOR)	60,9	64,0	0,3%
Jumlah Kunjungan Rawat Jalan (kunjungan) / Total Outpatients (visits)	5.844.218	5.918.828	12,6%
Jumlah Kunjungan Rawat Inap (kunjungan) / Total Inpatients (visits)	247.185	372.813	23,7%
Average Length of Stay (AvLOS) (hari/days)	4,0	3,8	2,6%
Jumlah Kunjungan Penunjang Medis / Total Medical Support Visits	9. 568.070	8.742.782	18,8%

Upaya-upaya strategis yang akan diterapkan di tahun 2022 guna mencapai target kinerja operasional sesuai RKAP 2022, antara lain:

- Penambahan 10 RS dengan kurang lebih 881 kapasitas tempat tidur yang berasal dari rencana Akuisisi 9 RS BUMN dari 3 PT RS dan operasional Rumah Sakit baru antara lain RS khusus otak dan jantung Royal Biringkanaya Makasar, RS Jantung Balikpapan dan beroperasinya Gedung Merial RS Pelni.
- Peningkatan Kunjungan Rawat Jalan dengan asumsi bahwa pandemi Covid-19 masih berlangsung namun dengan kondisi yang cenderung menurun, program non Covid-19 win back berjalan dengan baik sehingga kunjungan pasien non Covid-19 meningkat, serta program *telemedicine* dan *homecare* yang berjalan dengan baik sehingga dapat meningkatkan kunjungan rawat jalan.
- Peningkatan Jumlah Kunjungan Rawat Inap dan BOR mengalami dengan standarisasi layanan kesehatan, renovasi dan pembaharuan sarana dan prasarana RS dan klinik untuk meningkatkan *patient experience serta centre of excellence* di seluruh RS
- Peningkatan Jumlah Kunjungan Penunjang Medis mengalami dengan asumsi bahwa pandemi masih berlangsung namun dengan kondisi yang cenderung menurun, namun kegiatan 3T (*Testing, Tracing, Treatment*) tetap berjalan dalam penanganan pandemi.

Strategic efforts that will be implemented in 2022 to achieve operational performance targets according to the 2022 RKAP include:

- Addition of 10 hospitals with approximately 881 bed capacities, stemming from the planned acquisition of 9 SOE hospitals from 3 PT hospitals and the operation of new hospitals, including the Royal Biringkanaya Hospital for the brain and heart, Makassar, Balikpapan Heart Hospital and the operation of the Merial Building of the Pelni Hospital.
- Increasing Outpatient Visits with the assumption that the Covid-19 pandemic is still ongoing but with conditions that tend to decline, non-Covid-19 win-back programs are running well so that non-Covid-19 patient visits are increasing, as well as telemedicine and homecare programs that are running well so that can increase outpatient visits.
- Increasing the number of inpatient visits and BOR through standardization of health services, renovation and renewal of facilities and infrastructure for hospitals and clinics to improve patient experience and the center of excellence in all hospitals.
- The increase in the number of medical support visits is carried out with the assumption that the pandemic is still ongoing but with conditions that tend to decrease, but 3T activities (Testing, Tracing, Treatment) are still running in handling the pandemic.

Proyeksi Tahun 2022: Kinerja Keuangan

2022 Projections: Financial Performance

Uraian / Description	Realisasi 2021 / 2021 Realization	Target 2022	Pertumbuhan (%) / Growth (%)
Pendapatan / Revenues	6.834.474	7.375.888	7,92%
Beban Operasi / Operating Expenses	(5.794.052)	(6.354.209)	9,67%
Laba Bruto / Gross Profit	1.040.422	1.021.679	(1,80%)
Laba Bersih Tahun Berjalan / Profit for the Year	846.027	651.378	(23,01)
Laba Setelah Non Pengendali / Profit after Non-Controlling Interest	7.448.359	11.978.000	60,81%
Aset / Assets	3.617.068	6.562.000	81,42%
Liabilitas / Liabilities	3.831.291	5.417.000	41,39%
Ekuitas / Equity	1.843.283	1.111.000	(39,73%)
Arus Kas dari (untuk) Aktivitas Operasi / Cash Flow from (used in) Operating Activities	(294.801)	(3.722.020)	1162,55%
Arus Kas dari (untuk) Aktivitas Investasi / Cash Flow from (used in) Investing Activities	(86.100)	3.604.820	4286,78%

Upaya-upaya strategis yang akan diterapkan di tahun 2022 guna mencapai target kinerja keuangan sesuai RKAP 2022, antara lain

1. Meningkatkan efisiensi biaya Obat melalui standarisasi FOPI dan DAKSPI
2. Optimalisasi pemanfaatan Sumber Daya terbarukan untuk power supply seperti Solar Panel
3. Negosiasi dengan perusahaan farmasi untuk harga lebih murah dengan memanfaatkan volume IHC

Strategic efforts to be implemented in 2022 to achieve financial performance targets in accordance with the 2021 RKAP, include

1. Improving drug cost efficiency through standardization of FOPI and DAKSPI
2. Optimizing the use of renewable resources for power supply such as solar panels
3. Negotiation with pharmaceutical companies for lower prices by utilizing IHC volume

4. Analisa negosiasi untuk item standar, volume tinggi, misalnya pisau bedah, dan mengevaluasi item dengan spesifikasi yang berlebihan
5. Standarisasi *supply* di RS IHC dan melakukan negosiasi massal dengan supplier terkait seluruh kebutuhan barang umum RS
6. Standarisasi alat kesehatan
7. KSO alat kesehatan
8. *Roll out P Office*

4. Analyzing negotiations for standard, high-volume items, such as scalpels, and evaluating items with excessive specifications
5. Standardizing supply at IHC Hospital and conducting mass negotiations with suppliers regarding all general hospital goods needs
6. Standardization of medical devices
7. KSO medical devices
8. Roll out P Office

Proyeksi Tahun 2022: Kinerja Investasi

Rencana Investasi tahun 2021 yang akan dilaksanakan Perusahaan ditargetkan sebesar Rp640,51 miliar dengan sumber pendanaan berasal dari *own fund* dan *loan*. Berikut adalah rincian rencana Investasi Tahun 2021:

2021 Projections: Investment Performance

The investment plan for 2022 that will be implemented by the Company is targeted at Rp640.51 billion, with funding sources coming from own funds and loans. The following are the details of the investment plan for 2022:

Uraian / Description	Realisasi 2021 (*Unaudited*) / 2021 Realization (Unaudited)	Target 2022	Pertumbuhan (%) / Growth (%)
Business Development (BD)	205.202.000	1.652.000.000.000	804.960,38%
Non-Business Development (BD)	213.046.000	575.000.000	169,89%

Pada tahun 2022, Pertamedika IHC berencana melakukan program investasi terkait barang modal antara lain investasi berupa pembangunan RS baru, pengadaan alat kesehatan, renovasi dan revitalisasi sarana dan prasarana RS. Tujuannya adalah untuk meningkatkan layanan baik dari sarana dan prasarana, memperluas jaringan, memastikan kelancaran pelaksanaan usaha di tahun-tahun yang mendatang, meningkatkan pendapatan, serta menjamin keberlangsungan usaha. Anggaran Biaya Investasi tahun 2022 direncanakan sebesar Rp 2.227 miliar atau meningkat 248% dari tahun 2021. Sumber pendanaan Anggaran Biaya Investasi tahun 2022 berasal dari *Own Fund* dan Pendanaan Pihak Eksternal (PMN Biofarma, *Bank Loan* dan *Strategic Partner*).

In 2022, Pertamedika IHC plans to carry out investment programs related to capital goods, including investment in the construction of new hospitals, procurement of medical equipment, renovation and revitalization of hospital facilities and infrastructure. The aim is to improve services, both in terms of facilities and infrastructure, expand networks, ensure smooth business implementation in the years to come, increase income, and ensure business continuity. The investment budget for 2022 is planned to be Rp2,227 billion, an increase of 248% from 2021. The funding sources for the 2022 investment budget will come from the Own Fund and External Party Funding (PMN Biofarma, Bank Loans and Strategic Partners).

INFORMASI DAN FAKTA MATERIAL YANG TERJADI SETELAH TANGGAL LAPORAN AKUNTAN

Perusahaan tidak memiliki informasi dan fakta material yang terjadi setelah tanggal laporan akuntan.

MATERIAL INFORMATION AND FACTS SUBSEQUENT TO THE ACCOUNTANT'S REPORT DATE

There were no material information and facts subsequent to the accountant's report date.

PROSPEK USAHA

Manajemen berasumsi bahwa prospek usaha Perusahaan di masa yang akan datang masih terjaga dengan baik. Asumsi tersebut dibuat berdasarkan proyeksi pertumbuhan perekonomian global, nasional yang diproyeksikan akan berangsur pulih dan diikuti dengan prospek cerah atas industri layanan kesehatan di Indonesia.

BUSINESS OUTLOOK

The management assumes that the Company's business outlook in the future is still in a maintained condition. The assumption is made based on the growth of national and global economy which is projected to gradually recover with good prospects on healthcare industry in Indonesia.

Dalam *World Economic Outlook Update* edisi Januari 2022, IMF (International Monetary Fund) memprediksi negara-negara adidaya seperti Amerika Serikat (AS) dan China akan mengalami perlambatan ekonomi, yang kemudian akan turut melemahkan pertumbuhan ekonomi global dari level 5,9% di tahun 2021 menjadi 4,4% di tahun 2022. IMF memprediksi pertumbuhan Produk Domestik Bruto (PDB) AS akan melemah dari 5,6% di tahun 2021 menjadi 4% di tahun 2022. Menurut IMF, hal ini dipengaruhi oleh ketidakpastian pengesahan kebijakan fiskal pemerintah AS yang disebut '*Build Back Better*', adanya penarikan awal akomodasi moneter, serta gangguan rantai pasokan yang berkelanjutan. PDB China juga diprediksi melemah dari 8,1% di tahun 2021 menjadi 4,8% di tahun 2022 karena adanya krisis di sektor perumahan, pembatasan mobilitas warga terkait Covid-19, serta tingkat konsumsi swasta yang rendah.

In the January 2022 edition of the World Economic Outlook Update, the IMF (International Monetary Fund) predicts that superpower countries such as the United States (US) and China will experience an economic slowdown, which will then weaken global economic growth from 5.9% in 2021. to 4.4% in 2022. The IMF predicts the growth of US Gross Domestic Product (GDP) will weaken from 5.6% in 2021 to 4% in 2022. According to the IMF, this is influenced by the uncertainty of the US government's ratification of fiscal policy. called 'Build Back Better', the early withdrawal of monetary accommodation, and ongoing supply chain disruptions. China's GDP is also predicted to weaken from 8.1% in 2021 to 4.8% in 2022 due to the crisis in the housing sector, restrictions on public mobility due to Covid-19, and low levels of private consumption.

Namun, di tengah situasi ini PDB Indonesia justru diproyeksikan mampu tumbuh dari 3,3% di tahun 2021 menjadi 5,6% di tahun 2022. Dalam *World Economic Outlook Update*, IMF tidak menjelaskan secara spesifik faktor-faktor apa saja yang berpeluang menggenjot pertumbuhan ekonomi Indonesia. IMF hanya memberi catatan bahwa selama setahun ke depan negara-negara perlu mewaspadai gangguan ekonomi akibat penyebaran Covid-19 varian Omicron, gangguan rantai pasokan, volatilitas harga energi, inflasi, ketegangan geopolitik, serta ancaman bencana alam terkait perubahan iklim.

However, in the midst of this condition, Indonesia's GDP is projected to grow from 3.3% in 2021 to 5.6% in 2022. In the World Economic Outlook Update, the IMF does not specifically explain what factors are likely to boost economic growth in Indonesia. The IMF only noted that over the next year, countries need to be aware of economic disruptions due to the spread of the Omicron variant of Covid-19, supply chain disruptions, energy price volatility, inflation, geopolitical tensions, and the threat of natural disasters related to climate change.

Selaras dengan IMF, berdasarkan perkiraan Kementerian Keuangan, ekonomi Indonesia bisa naik dalam kisaran 5,0%-5,5% sepanjang 2022. Bank Indonesia pun memproyeksikan pertumbuhan ekonomi Indonesia berada di kisaran yang tak jauh berbeda, yakni 4,7%-5,5% pada 2022.

In line with the IMF, based on the Ministry of Finance's estimation, the Indonesian economy could increase in the range of 5.0%-5.5% throughout 2022. Bank Indonesia also projects that Indonesia's economic growth will be in the same range of 4.7%-5. 5% by 2022.

Pertumbuhan Ekonomi Triwulan 2-2021: 3,31% (*q-to-q*)
Economic Growth Quarter 2-2021: 3.31% (q-to-q)

Sumber: Badan Pusat Statistik (2021)

Source : Central Bureau of Statistics, 2021

Berdasarkan Grafik diatas, Badan Pusat Statistik (BPS) menyampaikan bahwa pemulihan ekonomi Indonesia mulai terlihat di tengah tahun 2021. Hal itu ditandai oleh catatan pertumbuhan ekonomi dalam triwulan II tahun 2021 yang

Based on the chart above, the Statistics Indonesia (BPS) said that Indonesia's economic recovery began to be seen in the middle of 2021. This was marked by the record economic growth in the second quarter of 2021 which reached 3.31%. Thus, year on year

mencapai sebesar 3,31%. Dengan demikian secara tahunan atau *year on year* (yoy) pertumbuhan ekonomi pada triwulan II 2021 adalah sebesar 7,07%. Sumber utama pertumbuhan ekonomi pada triwulan kedua 2021, sebanyak 64,85% berasal dari sektor industri, pertanian, perdagangan, konstruksi dan pertambangan. Sedangkan sektor usaha yang paling tinggi tumbuhnya adalah sektor transportasi dan pergudangan sebesar 25,10%, akomodasi dan makanan minuman sebesar 21,58%dan sektor jasa 11,97%. ementara itu, jika dilihat angka PDB berdasarkan produk domestik bruto (PDB) atas dasar harga berlaku (ADHB) pada triwulan II 2021 sebesar Rp4.175,8 triliun.

(yoy) economic growth in the second quarter of 2021 is 7.07%. The main sources of economic growth in the second quarter of 2021 at 64.85% came from the industrial, agriculture, trade, construction and mining sectors. Meanwhile, the business sector with the highest growth was the transportation and warehousing sector at 25.10%, the accommodation and food and beverage sector at 21.58% and the service sector at 11.97%. Meanwhile, if we look at the GDP figure based on gross domestic product (GDP) at current prices (ADHB) in the second quarter of 2021, it was Rp4,175.8 trillion.

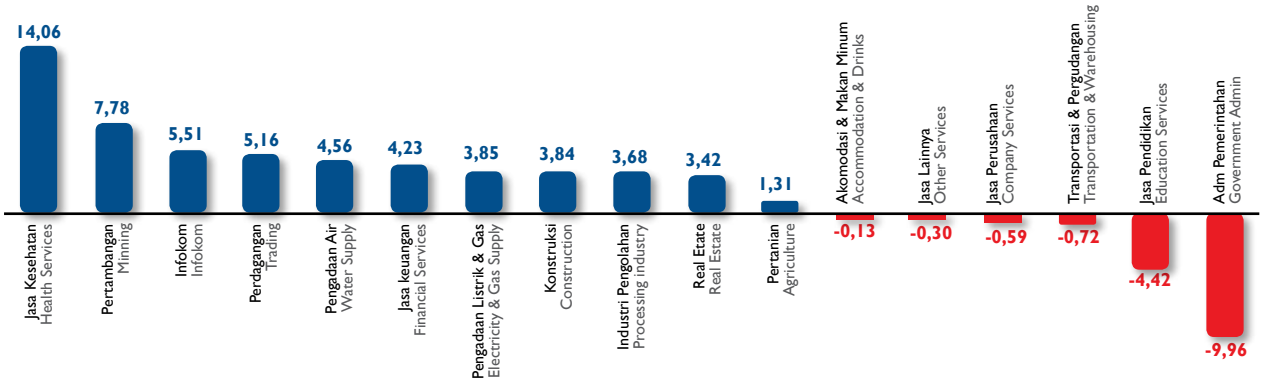
Sedangkan apabila dilihat atas dasar harga konstan (ADHK) pada periode itu mencapai Rp2.772,8 triliun. Salah satu sektor jasa yang memiliki fungsi vital bagi masyarakat adalah bisnis layanan kesehatan. Seiring dengan bertambahnya jumlah penduduk maka kebutuhan akan pelayanan kesehatan pun meningkat. Hasil perhitungan yang dilakukan oleh Bappenas (Badan Perencanaan Pembangunan Nasional) bahwa jumlah penduduk Indonesia dari tahun 2010 hingga dua puluh lima tahun mendatang terus meningkat yaitu dari 238,5 juta pada tahun 2010 menjadi 305,6 juta pada tahun 2035.

Meanwhile, when viewed on the basis of constant prices (ADHK) in that period it reached Rp2,772.8 trillion. One of the service sectors that has a vital function for the community is the health service business. As the population increases, the need for health services also increases. The results of calculations carried out by Bappenas (National Development Planning Agency) that the population of Indonesia from 2010 to the next twenty-five years will continue to increase, from 238.5 million in 2010 to 305.6 million in 2035.

Sektor kesehatan ini sangat berdampak pada masa pandemi ini. Pandemi Covid-19 yang telah melanda Indonesia sejak bulan Maret 2020 terus menunjukkan gejala peningkatan hingga pertengahan tahun 2021. Walaupun secara keseluruhan kebutuhan layanan kesehatan meningkat, namun kunjungan pasien mengalami penurunan yang cukup signifikan karena adanya himbauan dari pemerintah agar tidak mengunjungi atau mengurangi kunjungan ke pusat layanan kesehatan selama masa pandemi untuk mengurangi laju penularan Covid-19.

The health sector has had a huge impact during this pandemic. The Covid-19 pandemic that has hit Indonesia since March 2020 continued to show signs of increasing until mid-2021. Although the overall demand for health services has increased, patient visits have decreased significantly due to an appeal from the government not to visit or reduce visits to health center services during the pandemic to reduce the rate of transmission of Covid-19.

Pertumbuhan Ekonomi Triwulan 3-2021 (*y-on-y*) Menurut Lapangan Usaha
Economic Growth Quarter 3-2021 (y-on-y) by Business Field
(66,42% PDB Triwulan 3-2021 berasal dari industri, Pertanian, Perdagangan Konstruksi dan Pertambangan /
66.42% of GDP in Quarter 3-2021 comes from Industry, Agriculture, Trade Construction and Mining)



Sumber : Badan Pusat Statistik, 2021

Source : Central Bureau of Statistics, 2021

Berdasarkan Grafik tersebut, pertumbuhan ekonomi pada triwulan III - 2021 mencapai 3,51% yang ditopang oleh pertumbuhan tinggi pada industri di sektor jasa kesehatan dan pertambangan. Secara *year on year* (yoy) mengalami pertumbuhan terbesar di jasa kesehatan yang tumbuh 14,06% dan pertanian terendah 1,31%. Sektor Pertambangan berhasil tumbuh kedua tertinggi dengan 7,78% sebagai efek dari kenaikan harga komoditas sejak awal tahun dan produksi mulai dari biji logam, batu bara, lignit dan lainnya. Pertumbuhan tertinggi lainnya adalah informasi dan komunikasi sebesar 5,51%, perdagangan 5,16%, pengadaan air 4,56%, jasa keuangan 4,29%, pengadaan listrik dan gas 3,85%, konstruksi 3,84% dan industri pengolahan serta real estate dengan masing-masing 3,68% dan 3,42%.

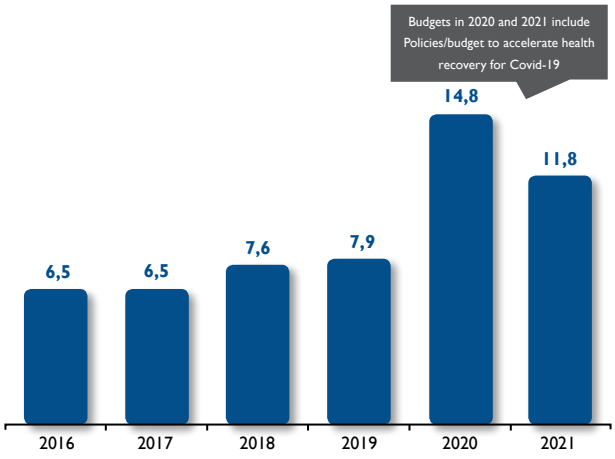
Based on the chart, economic growth in the third quarter of 2021 reached 3.51%, which was supported by high growth in the health services and mining industries. Year on year (yoy) experienced the highest growth in health services which grew 14.06% and agriculture the lowest at 1.31%. Mining sector managed to grow the second highest with 7.78% as a result of rising commodity prices since the beginning of the year and production of metal ore, coal, lignite and others. The other highest growth was information and communication at 5.51%, trade 5.16%, water supply 4.56%, financial services 4.29%, electricity and gas procurement 3.85%, construction 3.84% and the processing industry and real estate with 3.68% and 3.42%, respectively.

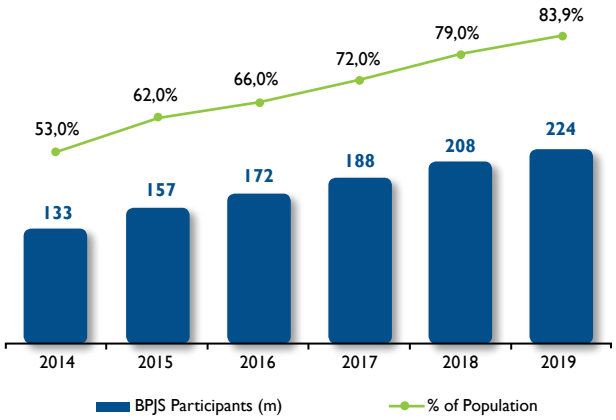
Pemerintah berkomitmen untuk memenuhi alokasi anggaran untuk Kementerian Kesehatan sebagaimana diamanatkan dalam Undang-Undang Nomor 9 Tahun 2009 tentang Kesehatan. Pemerintah Indonesia berkomitmen untuk meningkatkan tingkat layanan kesehatan negara dan mempercepat pemulihan negara dari Covid 19, dan secara konsisten memperluas cakupan BPJS untuk meningkatkan keterjangkauan layanan kesehatan bagi Indonesia serta menggunakan sebagian dari anggaran kesehatannya untuk mengembangkan pusat kesehatan masyarakat dan memperkuat infrastruktur kesehatan domestik.

The government is committed to fulfilling the budget allocation for the Ministry of Health as mandated in Law No. 9 of 2009 on Health. The Indonesian government is committed to increasing the level of state health services and accelerating the country's recovery from Covid 19, and consistently expanding BPJS coverage to increase the affordability of health services for Indonesia and to use part of its health budget to develop community health centers and strengthen domestic health infrastructure.

Hal ini terlihat dari nilai Anggaran Kementerian Kesehatan yang ditetapkan maupun direalisasikan oleh Pemerintah setiap tahunnya mengalami peningkatan seperti terlihat pada tabel berikut:

This can be seen from the value of the Ministry of Health Budget that is set or realized by the Government every year which has increased as shown in the following table:





Sumber: BPJS

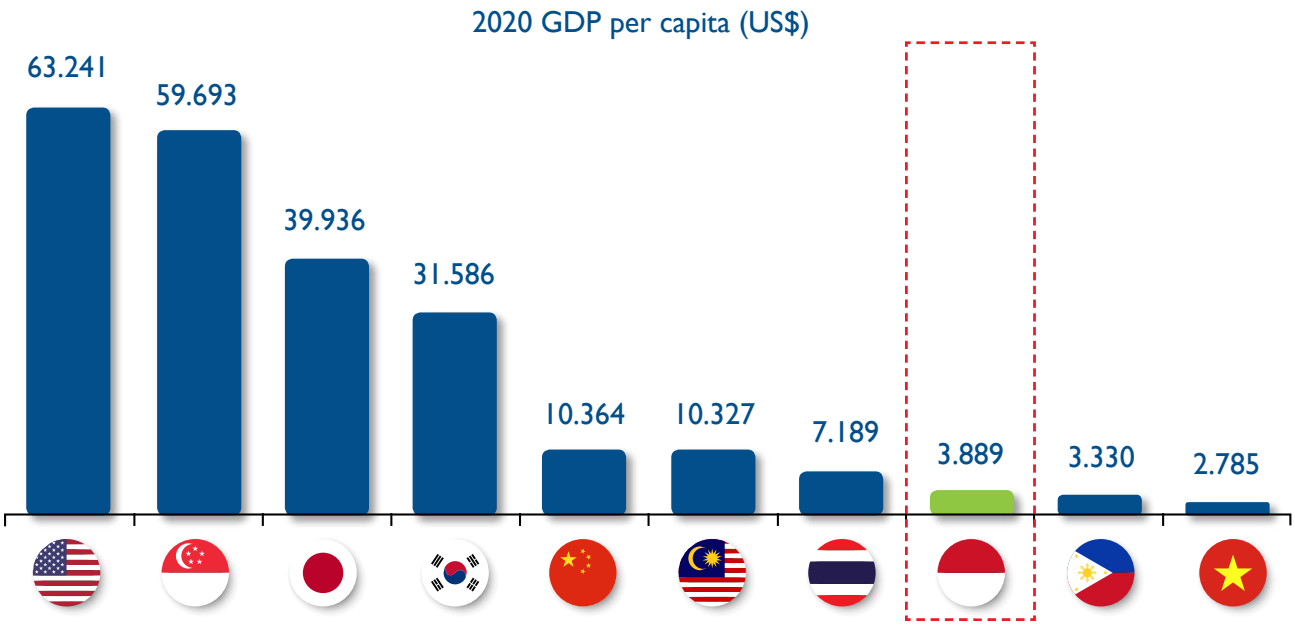
Source: BPJS

Disisi lain juga terjadi peningkatan pengeluaran kesehatan yang ada Indonesia dan diperkirakan akan terus tumbuh. Rata-rata pengeluaran masyarakat Indonesia untuk kesehatan tercatat sebesar Rp 31.545 per kapita per bulan pada 2020. Jumlah tersebut dibagi untuk pengobatan (perawatan di fasilitas kesehatan), pencegahan (medical checkup dan imunisasi), dan obat (beli di apotek atau toko obat). Sementara itu, pengeluaran kesehatan masyarakat kota sudah melebihi rata-rata nasional. Totalnya setiap bulan sebesar Rp 39.090 per orang, yang terdiri dari Rp 28.315 pengobatan, Rp 5.968 pencegahan, dan Rp 4.807 obat.

Pengeluaran kesehatan Indonesia per kapita ini masih lebih rendah dibandingkan negara lainnya secara regional maupun global seperti terlihat pada grafik dibawah ini. Rendahnya pengeluaran Indonesia di sektor kesehatan ini di sisi lain menunjukkan tingginya potensi penetrasi dan pengembangan yang dapat dilakukan di sektor ini di masa mendatang. Terlebih, dengan jumlah penduduk yang semakin meningkat setiap tahunnya, hal ini mendorong adanya pengembangan lebih lanjut lagi di sektor kesehatan.

On the other hand, there has also been an increase in health spending in Indonesia and is expected to continue to grow. The average Indonesian public expenditure on health was recorded at Rp31,545 per capita per month in 2020. The amount is divided for treatment (treatment in health facilities), prevention (medical checkups and immunizations), and drugs (buy at pharmacies or drugstores). Meanwhile, the urban public health expenditure has already exceeded the national average. The total was Rp39,090 per person per month, which consists of Rp28,315 for treatment, Rp5,968 for prevention, and Rp4,807 for drug.

Indonesia's health expenditure per capita is still lower than other countries regionally and globally as shown in the chart below. Indonesia's low spending in the health sector on the other hand shows the high potential for penetration and development that can be carried out in this sector in the future. Moreover, the increasing population every year encourages further development in the health sector.



Sumber : BMI, Fitch, Euromonitor, Global Insight, IMF, Investor Relations Unit of Indonesia

Source : BMI, Fitch, Euromonitor, Global Insight, IMF, Investor Relations Unit of Indonesia

Peningkatan pengeluaran biaya kesehatan masyarakat dapat didorong oleh meningkatnya akses masyarakat terhadap fasilitas kesehatan yang semakin terjangkau terutama dengan adanya Jaminan Kesehatan Nasional (JKN). *Universal Health Coverage* (UHC) yang dicanangkan Pemerintah sejak tahun 2019 atau yang sering disebut sebagai cakupan kesehatan yang menyeluruh untuk seluruh penduduk Indonesia melalui BPJS Kesehatan mendorong

The increase in public health expenditures can be driven by increasing public access to increasingly affordable health facilities, especially with the existence of the National Health Insurance (JKN). Universal Health Coverage (UHC) which has been launched by the Government since 2019 or which is often referred to as comprehensive health coverage for all Indonesians through BPJS Kesehatan that encourages the increase in BPJS Kesehatan

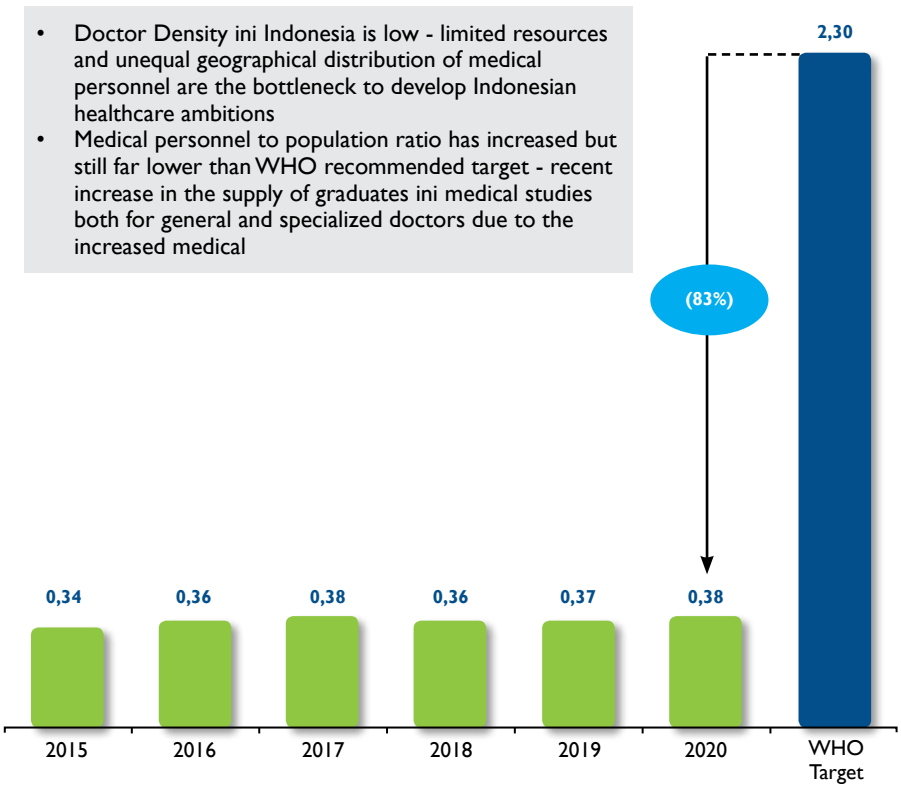
meningkatnya kepesertaan BPJS Kesehatan serta meningkatnya fasilitas kesehatan yang bekerja sama dengan BPJS sebagai badan penyelenggaranya, serta antusiasme masyarakat dalam mengakses layanan kesehatan.

Jumlah cakupan peserta BPJS terhadap total populasi meningkat signifikan dari 14,8% pada September 2017 hingga 82% pada 2020. Meningkatnya pengguna BPJS turut mendorong permintaan rumah sakit dan klinik, serta SDM, teknologi, farmasi, dan alat kesehatan. Namun, meningkatnya kebutuhan layanan kesehatan Indonesia tidak diimbangi dengan ketersediaan fasilitas kesehatan yang ada. Indonesia memiliki rasio jumlah dokter dan ranjang RS yang jauh lebih rendah dibandingkan dengan ASEAN dan Global peers seperti dapat dilihat pada Grafik diatas. Terutama pada masa pandemi Covid-19 ini, ketersediaan fasilitas kesehatan menjadi tantangan utama dalam penyediaan layanan. Selain itu, pandemi Covid-19 memiliki peran yang besar dalam membentuk Demand & Operasional sektor kesehatan Indonesia kedepan. Di satu sisi, terjadi penurunan kunjungan pasien rawat inap & rawat jalan disebabkan oleh keengganan masyarakat/pasien non-Covid-19 untuk mengunjungi fasilitas kesehatan selama masa pandemi. Namun, di sisi lain, terjadi peningkatan ARPOB dan ALOS yang berasal dari layanan Covid-19.

participation and increases in health facilities in cooperation with BPJS as the organizing body, as well as the enthusiasm of the community in accessing health services.

The total coverage of BPJS participants to the total population increased significantly from 14.8% in September 2017 to 82% in 2020. The increase in BPJS users has also driven the demand for hospitals and clinics, as well as human resources, technology, pharmaceuticals, and medical devices. However, the increasing demand for health services in Indonesia is not matched by the availability of the existing health facilities. Indonesia has a much lower ratio of doctors and hospital beds compared to ASEAN and its global peers as can be seen in the graph above. Especially during this Covid-19 pandemic, the availability of health facilities is a major challenge in providing services. In addition, the Covid-19 pandemic has a big role in shaping the Demand & Operations of the Indonesian health sector going forward. On the one hand, there has been a decrease in inpatient & outpatient visits due to the reluctance of the public/non-Covid-19 patients to visit health facilities during the pandemic. However, on the other hand, there has been an increase in ARPOB and ALOS originating from Covid-19 services.

Number of doctors per 1,000 population



Sumber: BMI, PwC

Source: BMI, PwC

Pertumbuhan jasa layanan kesehatan yang cenderung lambat sebagian besar akibat terkendala faktor – faktor antara lain adalah tingkat Doctor Density di Indonesia yang masih rendah dan jauh tertinggal dari target yang telah ditetapkan oleh WHO serta sumber daya tenaga kesehatan yang terbatas dan tidak merata secara geografis di seluruh wilayah Indonesia sehingga masih terdapat permintaan yang belum dimanfaatkan karena sumber daya kesehatan yang terbatas tersebut.

The growth of health services which tends to be slow is largely due to constrained factors, among others, the level of Doctor Density in Indonesia which is still low and far behind the target set by WHO as well as limited and geographically uneven health personnel resources throughout Indonesia so that there is still untapped demand due to the limited health resources.

Industri kesehatan dalam negeri masih memiliki tantangan yang signifikan dalam rangka memenuhi kebutuhan layanan kesehatan sekaligus mewujudkan ketahanan kesehatan nasional.

The domestic health industry still has significant challenges in order to meet the needs of health services while at the same time realizing national health resilience.

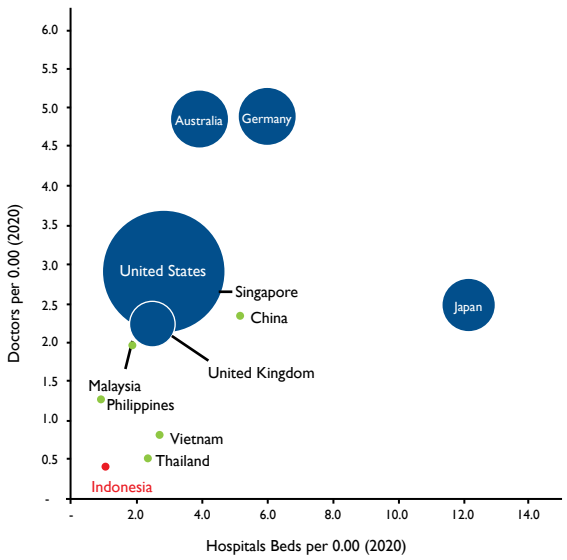
Saat ini, rumah sakit BUMN di Indonesia memiliki skala yang kecil (2 persen) dari total keseluruhan rumah sakit di Indonesia) dan tidak terintegrasi. Hal ini menunjukkan bahwa dampak yang diberikan rumah sakit BUMN terhadap dunia kesehatan Indonesia masih sangat terbatas. Dari segi kualitas, mayoritas rumah sakit BUMN masuk dalam kategori kelas C, menunjukkan kualitas layanan yang masih perlu ditingkatkan. Selain itu, rumah sakit BUMN juga bukan merupakan bisnis utama BUMN menjadikannya segmen bisnis yang kurang menarik untuk investasi strategis bagi perusahaan induk.

Currently, state-owned hospitals in Indonesia have a small scale (2 percent) of the total hospitals in Indonesia) and are not integrated. This shows that the impact given by state-owned hospitals to the Indonesian health sector is still very limited. In terms of quality, the majority of state-owned hospitals fall into the C class category, indicating that service quality still needs to be improved. In addition, state-owned hospitals are also not the main business of SOEs, making them a less attractive business segment for strategic investment for the parent company.

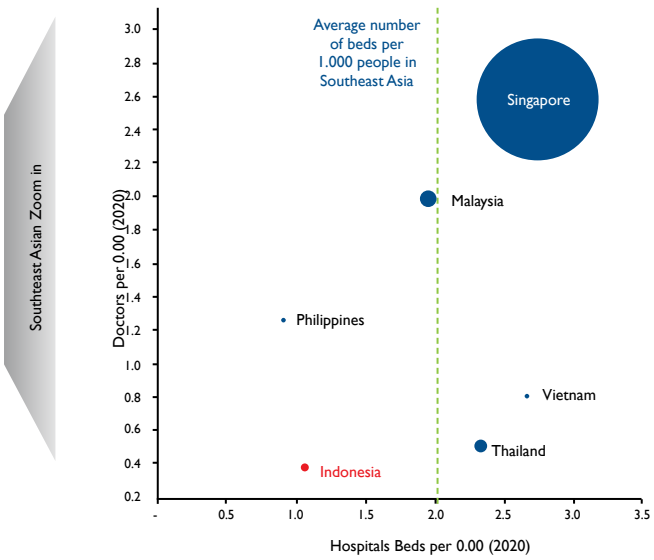
Sementara dari sisi infrastruktur lunak, Indonesia merupakan salah satu negara dengan rasio jumlah dokter terendah di Asia Tenggara. Indonesia memiliki 0.36 dokter per 1.000 populasi, sementara rata-rata Asia Tenggara berada di angka 1.22 dokter per 1.000 populasi. Singapura memiliki rasio tertinggi mencapai 2.45 dokter per 1.000 populasi. Hal ini dapat dilihat pada grafik dibawah ini.

Meanwhile, in terms of soft infrastructure, Indonesia is one of the countries with the lowest ratio of doctors in Southeast Asia. Indonesia has 0.36 doctors per 1,000 population, while Southeast Asia's average is 1.22 doctors per 1,000 population. Singapore has the highest ratio of 2.45 doctors per 1,000 population. This can be seen in the chart below.

Comparison of healthcare supply in Indonesia to the global peers



Comparison to the Southeast Asian Region peers

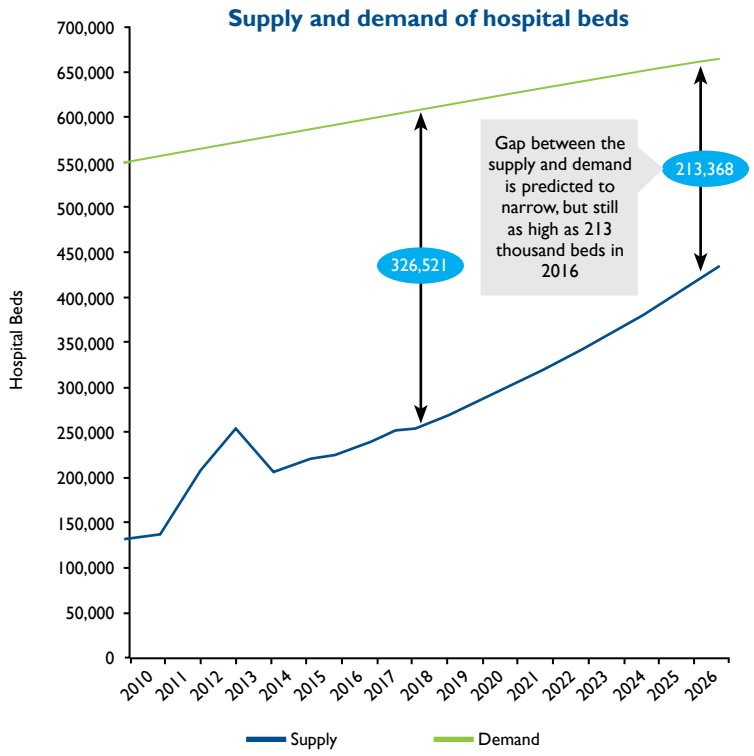


Sumber: BMI, PwC

Source: BMI, PwC

Secara agregat, Indonesia juga memiliki kesenjangan antara pasokan dan permintaan tempat tidur rumah sakit selama sepuluh tahun terakhir yang masih sangat besar. Meskipun diproyeksikan kesenjangan tersebut akan menurun, angka kekurangan tempat tidur rumah sakit di Indonesia akan tetap berada di angka ~213.000 pada tahun 2026 seperti dapat dilihat pada Grafik dibawah ini. Kurangnya infrastruktur keras dan lunak di Indonesia mendorong banyaknya masyarakat Indonesia yang pergi keluarga negeri untuk mencari layanan kesehatan.

In aggregate, Indonesia also has a very large gap between supply and demand for hospital beds over the last ten years. Although the gap is projected to decrease, the shortage of hospital beds in Indonesia will remain at ~213,000 in 2026 as can be seen in the chart below. The lack of hard and soft infrastructure in Indonesia encourages many Indonesians to go abroad to seek health services.



Komitmen Perusahaan terhadap penyediaan dan pengelolaan rumah sakit BUMN berpengalaman dan terakreditasi senantiasa diiringi dengan komitmennya dalam menjunjung integritas dan akuntabilitas secara berkelanjutan bagi Pemegang Saham dan pemangku kepentingan. Komitmen tersebut diwujudkan melalui strategi ESG (*Enviromental, Social, Governance*) pada seluruh lini usaha oleh seluruh insan Perseroan. Dalam hal ini, Perseroan memaknai implementasi ESG yang tidak hanya sebagai bentuk kepatuhan semata, tetapi juga sebagai mekanisme yang menjamin terpenuhinya hak seluruh pemangku kepentingan serta mewujudkan pengelolaan perusahaan yang jujur, berintegritas, sehat, serta patuh terhadap peraturan perundang-undangan yang berlaku.

The Company's commitment to the provision and management of experienced and accredited SOE hospitals is always accompanied by its commitment to upholding integrity and accountability on an ongoing basis for Shareholders and stakeholders. This commitment is realized through the ESG (Environmental, Social, Governance) strategy in all business lines by all the Company's personnel. In this case, the Company interprets the implementation of ESG which is not only a form of compliance, but also as a mechanism that ensures the fulfillment of the rights of all stakeholders and realizes the management of a company that is honest, has integrity, is sound, and complies with the applicable laws and regulations.

Kontribusi Pertamedika terhadap peningkatan kesejahteraan bagi masyarakat Indonesia selaras dengan komitmen dan partisipasinya dalam mendukung pembangunan berkelanjutan yang tidak hanya bertumpu pada perolehan keuntungan ekonomis, tetapi diintegrasikan dengan kepeduliannya terhadap lingkungan yang lestari serta komunitas yang sejahtera. Pelaksanaan Tanggung Jawab Sosial dan Lingkungan (*Social and Enviromental Responsibility*) sebagai upaya membangun hubungan yang harmonis dengan pemangku kepentingan dimaknai sebagai investasi sosial yang mendukung pertumbuhan serta keberlangsungan usaha yang berkelanjutan.

Pertamedika's contribution to improving the welfare of the Indonesian people is in line with its commitment and participation in supporting sustainable development which does not only rely on obtaining economic benefits, but is integrated with its concern for a sustainable environment and a prosperous community. The implementation of Social and Environmental Responsibility as an effort to build harmonious relationships with stakeholders is interpreted as a social investment that supports sustainable business growth and sustainability.

Berdasarkan proyeksi pertumbuhan ekonomi global dan nasional yang cerah, disertai dengan komitmen pemerintah yang kuat atas terjaganya stabilitas layanan kesehatan di tahun 2022, Manajemen menganalisa bahwa prospek usaha Perusahaan di tahun yang akan datang masih sangat cerah.

Based on bright global and national economic growth projections, accompanied by a strong government commitment to maintaining health service stability in 2022, Management analyzes that the Company's business prospects in the coming year are still very bright.

ASPEK PEMASARAN

STRATEGI PEMASARAN

Dalam menerapkan kegiatan pemasarannya, Perusahaan terus melakukan analisa dan perhitungan yang terukur dan jelas agar aktivitas pemasarannya dapat tepat sasaran dan berjalan dengan optimal. Kegiatan tersebut secara konsisten dilakukan dan dikembangkan untuk meraih usaha yang berkelanjutan.

Divisi *Business Development & Marketing* Perusahaan giat meningkatkan *Brand Awareness* Perusahaan, meningkatkan angka kunjungan dan pendapatan Pertamedika IHC melalui penyusunan program kerja yang ditetapkan berdasarkan segmentasi, *targeting* dan *positioning customer* Perusahaan.

Program kerja secara umum yang telah dijalankan di tahun 2021 terdiri dari:

1. ***Penetration & Upselling Strategy*:** yaitu strategi penetrasi kepada target pasar yang telah menjadi customer, dilakukan melalui program promosi aktif dan *customer relationship management*, *customer intimacy* untuk menambah jenis layanan yang dibeli oleh *customer eksisting*.

2. ***E Procurement Channel*:** pengelolaan *channel procurement* menjadi sumber peluang pekerjaan yang sangat baik, dengan jumlah tender lebih dari 30 sepanjang tahun 2021.

MARKETING ASPECT

MARKETING STRATEGY

In implementing its marketing activities, the Company continues to carry out measurable and clear analysis and calculations so that its marketing activities can be right on target and run optimally. These activities are consistently carried out and developed to achieve a sustainable business.

The Company's Business Development & Marketing Division is active in increasing the Company's Brand Awareness, increasing the number of visits and income of Pertamedika IHC through the preparation of work programs that are determined based on segmentation, targeting and positioning of the Company's customers.

The general work program that has been carried out throughout 2021 consists of:

1. **Penetration & Upselling Strategy**: a penetration strategy to target markets that have become customers, carried out through active promotion programs and customer relationship management, customer intimacy to increase the types of services purchased by the existing customers.

2. **E Procurement Channel:** management of the procurement channel is an excellent source of job opportunities, with more than 30 tenders throughout 2021.

3. ***Winback Customer Strategy:*** merupakan strategi memenangkan kembali perusahaan yang sebelumnya menjadi pelanggan, namun karena ketidakpuasan dalam beberapa hal atas layanan yang diterima, lalu meninggalkan Pertamedika. Identifikasi terhadap ketidakpuasan di kategorikan dalam 3 hal: 1) harga yang tidak kompetitif 2) layanan yang tidak sesuai dengan SLA (*Service Level Agreement*, 3) proses administrasi yang panjang.

4. ***Focusing Revenue Stream*** Covid-19, Non Covid-19: sepanjang Tahun 2021
   Layanan Covid-19: Skrining Covid melalui pemeriksaan Antigen dan PCR, Pengelolaan *Safe House* Covid, Rawat Inap Covid dan Telemedicine Covid menjadi sumber pendapatan yang cukup baik.

   Layanan Non Covid-19: Occuptional Health & Industrial Hygiene, menjadi salah satu andalan sumber revenue, dimana tercatat 34 tender OH IH dapat dimenangkan oleh Tim Marketing Pertamedika.

5. ***Create New Market Demand:*** bekerjasama dengan fungsi operasional medis, membuat layanan kesehatan baru, seperti:

   - Bersinergi dengan anak perusahaan Pertamina: sinergi dengan PT Pelita Air Service untuk layanan Medikal Evakuasi.
   - Bersinergy dengan Sucofindo untuk pembuatan sertifikasi Hotel yang 'Aman Covid' dan memastikan seluruh tenaga yang bekerja di hotek tersebut mendapatkan training protocol kesehatan covid.
   - *Wellness* Program sebagai upaya *preventif* yang menggabungkan antara layanan kesehatan di RS dengan program *wellness* dengan tempat *gymnastic* dan *wearable*.

6. ***People Management:*** dilakukan melalui program peningkatan kapasitas dan kapabiltas para pemasar di seluruh jaringan RS dan Klinik PERTAMEDIKA IHC dengan inisiatif *Sharing session*, *Update Product Knowledge*, *Training* Komunikasi dan *Digital Marketing*.

7. ***Internal Strategy:*** dilakukan bersama melalui 10 program transformasi office, termasuk di dalamnya yang menjadi penting untuk kepuasan pelanggan adalah Program *Transformasi Office Patient Experience*.

3. **Winback Customer Strategy:** a strategy to win back a company that was previously a customer, but because of dissatisfaction in several ways with the service received, then left Pertamedika. Identification of dissatisfaction is categorized in 3 ways: 1) uncompetitive prices 2) services that are not in accordance with the SLA (Service Level Agreement, 3) long administrative processes.

4. **Focusing Revenue Stream** Covid-19, Non-Covid-19: throughout 2021 Covid-19 Services: Screening for Covid through Antigen and PCR tests, Management of Covid Safe Houses, Covid Inpatients and Covid Telemedicine are quite good sources of income.

   Non-Covid-19 services: Occuptional Health & Industrial Hygiene, are one of the main sources of revenue, where 34 OH IH tenders were won by the Marketing Team of Pertamedika.

5. **Create New Market Demand:** in cooperation with the medical operations function, create new health services, such as:

   - Synergize with Pertamina's subsidiaries: synergize with PT Pelita Air Service for Medical Evacuation services.
   - Synergize with Sucofindo for the certification of 'Covid Safe' Hotels and ensure that all staff working at the hotel receive training on the COVID health protocol.
   - Wellness Program as a preventive effort that combines health services in hospitals with wellness programs with gymnastic and wearable places.

6. **People Management:** carried out through a program to increase the capacity and capability of marketers throughout the PERTAMEDIKA IHC Hospital and Clinic network with the initiative of Sharing session, Update Product Knowledge, Communication Training and Digital Marketing.

7. **Internal Strategy:** carried out together through 10 office transformation programs, including the Office Patient Experience Transformation Program that is important for customer satisfaction.

PANGSA PASAR

Kompetitor atau pesaing Pertamedika IHC dapat dirumuskan sebagai berikut:

MARKET SHARE

Competitors of Pertamedika IHC can be formulated as follows:

Pesaing Layanan Dalam Rumah Sakit / Service Competitors in Hospital Field	Pesaing Layanan Luar Rumah Sakit / Service Competitors besides Hospital Field
Siloam Group	Medika Plaza
Premier Ramsay Hospital Group	SOS International
Mitra Keluarga Hospital Group	Fullerton Homecare
Hermina Hospital Group	Global Healthcare
Pondok Indah Hospital Group	

Pangsa pasar Pertamedia IHC semakin meningkat di tahun 2021 yang dapat dilihat dari kenaikan pangsa pasar pada ARPOB, IP Rev/IP-day dan OP Rev/OP visit bila dibandingkan dengan pesaing lainnya seperti yang ditunjukkan pada rincian di atas. Adapun hal-hal yang perlu ditingkatkan oleh Pertamedika IHC grup dibanding dengan pesaing, antara lain:

1. Peningkatan kualitas fundamental layanan *human touch*, jiwa melayani, komunikasi efektif dan solutif pada *customer*;
2. Digitalisasi Layanan: akses informasi calon *customer*, kepastian slot dokter, kecepatan hasil *medical checkup*, kecepatan dan ketepatan proses administrasi dan penagihan;
3. Evaluasi struktur unit *cost* secara korporasi untuk project yang berskala nasional;
4. Regenerasi alat kesehatan dan kelengkapan tenaga dokter spesialis dan sub spesialis;
5. Strategi promosi dan kebijakan pembinaan hubungan baik dengan perusahaan pelanggan.

Pertamedia IHC's market share increased in 2021 which can be seen from the increase in market share on ARPOB, IP Rev/IP-day and OP Rev/OP visits when compared to other competitors as shown in the details above. Matters that need to be improved by Pertamedika IHC group compared to competitors are as follows:

1. Improving the fundamental quality of human touch services, serving spirit, effective communication, and solutions to customers;
2. Service digitization: access to information on prospective customers, certainty of doctor slots, speed of medical check-up results, speed and accuracy of administration and billing processes;
3. Evaluation of unit cost structure on a corporate basis for projects on a national scale;
4. Regeneration of medical devices and equipment for specialist doctors and sub-specialists;
5. Promotion strategies and policies for fostering good relations with customer companies.

REALISASI SINERGI

Sinergi Pertamina dan Anak Perusahaan adalah upaya mengoptimalkan revenue dan penurunan biaya dengan pemberdayaan Anak Perusahaan Pertamina dalam memenuhi kebutuhan barang dan jasa dari masing-masing Anak Perusahaan.

Adapun Sinergi yang telah terjalin antara Pertamedika IHC dengan Anak Perusahaan Pertamina lainnya di tahun 2021 adalah sebagai berikut:

SYNERGY REALIZATION

The synergy between Pertamina and its Subsidiaries is an effort to optimize revenue and reduce costs by empowering Pertamina's Subsidiaries to meet the needs of goods and services from each Subsidiary.

The synergies that have been established between Pertamedika IHC and other Pertamina Subsidiaries in 2021 are as follows:

No	Pertamina dan Anak Perusahaan / Pertamina and Subsidiaries	Realisasi 2021 Provider Layanan Kesehatan / 2021 Realization of Health Service Providers
1	PT Pertamina (Persero)	189.926
2	PT Pertamina EP	116.305
3	PT Kilang Pertamina International	38.244
4	PT Pertamina Drilling Services Indonesia	28.900
5	PT Pertamina Hulu Energi	27.628
6	PT Pertamina Hulu Indonesia	22.973
7	PT Patra Niaga	20.168
8	PT Elnusa Tbk	10.952
9	PT Pertamina Geothermal Energy	8,261

No	Pertamina dan Anak Perusahaan / Pertamina and Subsidiaries	Realisasi 2021 Provider Layanan Kesehatan / 2021 Realization of Health Service Providers
10	PT Pertamina Gas	6.126
11	PT Pertamina Training & Consultin	4.065
12	PT Pertamina International Shipping	3.445
13	PT Patra Jasa	3.271
14	PT Pertamina Transconstinental	2.847
15	PT Pertamina EP Cepu	2.435
16	PT Lubricant	2.150
17	PT Pertamina Retail	1.875
18	PT Patra Niaga Group	1.869
19	PIEP	1.084
20	PT Perusahaan Gas Negara	880
21	PT Pertamina Power Indonesia	599
22	PT Pelita Air Service	327
23	PT Pertamina EP Cepu ADK	291
24	Nusantara Regas	80
25	Tugu Pratama Indonesia	56
26	PT Pertamina Pedeve Indonesia	28
27	PT Pertamina Hulu Rokan	2
Total Keseluruhan		**494.782**

KEBIJAKAN DIVIDEN

TAHUN BUKU 2020

Berdasarkan Keputusan Pemegang Saham Secara Sirkuler tentang Rapat Umum Pemegang Saham Tahunan Tahun Buku 2020, yang diaktakan dengan Akta No.36 tanggal 27 April 2021, para pemegang saham menyetujui untuk melakukan pembagian dividen sebesar 10%.

TAHUN BUKU 2019

Berdasarkan Keputusan Pemegang Saham Secara Sirkuler tentang Rapat Umum Pemegang Saham Tahunan Tahun Buku 2019, yang diaktakan dengan Akta Notaris No. 29 tanggal 15 Juli 2020 oleh Adi Triharso, SH Notaris di Jakarta, para pemegang saham menyetujui untuk tidak melakukan pembagian dividen dan menggunakan seluruh Laba Tahun Berjalan 2019 sebagai laba ditahan.

DIVIDEND POLICY

2020 FISCAL YEAR

Based on the Circular Resolution of Shareholders regarding the Annual General Meeting of Shareholders for 2020 Fiscal Year which was notarized by Deed No.36 dated April 27, 2021, the shareholders agreed to distribute 10% dividends.

2019 FISCAL YEAR

Based on the Circular Shareholders Decree regarding the Annual General Meeting of Shareholders for the 2019 Fiscal Year, which was notarized by Notary Deed No. 29 dated July 15, 2020 by Adi Triharso, S.H., Notary in Jakarta, the shareholders agreed not to distribute dividends and use all of the Profit for the Year in 2019 as retained earnings.

KONTRIBUSI TERHADAP NEGARA

Pada tahun 2020 dan 2021, Perusahaan telah melakukan pemenuhan terkait kewajiban dalam membayar pajak yang merupakan salah satu bentuk kontribusi terhadap negara. Berikut rincian pembayaran kewajiban Perusahaan, terkait perpajakan di tahun 2020 dan 2021.

CONTRIBUTION TO THE COUNTRY

In 2020 and 2021, the Company has fulfilled its obligations to pay taxes, which is a form of contribution to the state. The following are details of the payment of the Company's obligations, related to taxation in 2020 and 2021.

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
PPh 21 / Income Tax 21	29.855	20.760	9.095	43,81%
PPh 23 / Income Tax 23	1.504	641	863	134,63%
PPh 26 / Income Tax 26	11	-	11	100,00%

Uraian / Description	2021	2020	Pertumbuhan / Growth	
			Nominal	Persentase (%) / Percentage (%)
PPh 4 (2) / Income Tax 4 (2)	1.715	699	1.016	145,35%
PPh 29 / Income Tax 29	216.444	89.552	126.892	141,70%
PPN / Value Added Tax	4.038	8.047	-4.009	-49,82%
Jumlah / Total	**253.567**	**119.699**	**133.868**	**111,84%**

PROGRAM KEPEMILIKAN SAHAM KARYAWAN DAN/ATAU MANAJEMEN (ESOP/MSOP)

Sampai dengan 31 Desember 2021, Perusahaan tidak memiliki program kepemilikan saham oleh karyawan dan/atau manajemen (ESOP/MSOP), sehingga tidak terdapat informasi mengenai jumlah saham ESOP/MSOP dan realisasinya, jangka waktu, persyaratan karyawan dan/atau manajemen yang berhak, dan harga *exercise*.

REALISASI DANA HASIL PENAWARAN UMUM

Sampai dengan 31 Desember 2021, Perusahaan tidak melakukan penawaran umum di bursa saham mana pun. Oleh karena itu tidak terdapat informasi terkait total perolehan dana, rencana penggunaan dana, rincian penggunaan dana, sado dana, dan tanggal persetujuan RUPS/RUPO atas perubahan penggunaan dana.

INFORMASI TRANSAKSI MATERIAL YANG MENGANDUNG BENTURAN KEPENTINGAN DAN/ATAU DENGAN PIHAK AFILIASI/BERELASI

Dalam menjalankan kegiatan usahanya, Perusahaan melakukan transaksi dengan pihak-pihak berelasi sebagaimana didefinisikan dalam PSAK No. 7 mengenai "Pengungkapan Pihak-pihak Berelasi." Pihak berelasi adalah orang atau entitas yang terkait dengan entitas pelapor:

(1) Orang atau anggota keluarga terdekatnya dikatakan memiliki relasi dengan Perusahaan jika orang tersebut:
   (i) memiliki pengendalian ataupun pengendalian bersama terhadap Perusahaan,
   (ii) memiliki pengaruh signifikan terhadap Perusahaan, atau
   (iii) merupakan personil manajemen kunci dari Perusahaan ataupun entitas induk.

(2) Sedangkan suatu entitas dikatakan memiliki relasi dengan Perusahaan jika memenuhi salah satu dari hal berikut ini:
   (i) entitas tersebut dan Perusahaan adalah anggota dari kelompok usaha yang sama, merupakan entitas asosiasi atau ventura bersama dari Perusahaan (atau entitas asosiasi atau ventura bersama tersebut merupakan anggota suatu kelompok usaha di mana Perusahaan adalah anggota dari kelompok usaha tersebut),
   (ii) entitas tersebut dan Perusahaan adalah ventura bersama dari pihak ketiga yang sama,

EMPLOYEE AND/OR MANAGEMENT STOCK OPTION PROGRAM (ESOP/MSOP)

As of December 31, 2021, the Company did not have a share ownership program for employees and/or management (ESOP/MSOP), hence there is no information regarding the number of ESOP MSOP shares and their realization, period, requirements for eligible employees and/or management, and exercise price.

REALIZATION OF PROCEEDS FROM THE PUBLIC OFFERING

As of December 31, 2021, the Company has not made a public offering on any stock exchange. Therefore, there is no information regarding the total proceeds, the plan for the use of proceeds, details of the use of proceeds, balance, and the date of approval of the GMS/GMB for changes in the use of proceeds.

INFORMATION ON MATERIAL TRANSACTIONS CONTAINING CONFLICT OF INTEREST AND/OR WITH AFFILIATED/RELATED PARTIES

In carrying out its business activities, the Company conducts transactions with related parties as defined in PSAK No. 7 regarding "Related Party Disclosures." A related party is a person or entity that is related to the reporting entity:

(1) A person or immediate family member is said to have a relationship with the Company if that person:
   (i) has control or joint control over the Company,
   (ii) has significant influence over the Company, or
   (iii) is key management personnel of the Company or its parent entity.

(2) Meanwhile, an entity is said to have a relationship with the Company if it meets one of the following:
   (i) the entity and the Company are members of the same group of business, are an associate or joint venture of the Company (or the associate or joint venture is a member of a business group of which the Company is a member of the group),
   (ii) the entity and the Company are joint ventures of the same third party,

(iii) satu entitas yang merupakan ventura bersama dari Perusahaan dan entitas lain yang merupakan entitas asosiasi dari Perusahaan,

(iv) merupakan suatu program imbalan pascakerja untuk imbalan kerja dari Perusahaan atau entitas yang terkait dengan Perusahaan. Jika Perusahaan adalah penyelenggara program tersebut, maka entitas sponsor juga berelasi dengan Perusahaan,

(v) entitas yang dikendalikan atau dikendalikan bersama oleh orang yang diidentifikasi dalam angka (i) di atas,

(vi) orang yang diidentifikasi dalam angka (i) memiliki pengaruh signifikan terhadap entitas atau personil manajemen kunci dari entitas tersebut (atau entitas induk dari entitas).

(vii) Entitas, atau anggota dari kelompok yang mana entitas merupakan bagian dari kelompok tersebut, menyediakan jasa personil manajemen kunci kepada entitas pelapor atau kepada entitas induk dari entitas pelapor.

(iii) an entity that is a joint venture of the Company and another entity that is an associate of the Company,

(iv) is a post-employment benefit plan for the benefit of employees of the Company or entities related to the Company. If the Company is the organizer of the program, the sponsoring entity is also related to the Company,

(v) an entity that is controlled or jointly controlled by the person identified in number (i) above,

(vi) the person identified in number (i) has significant influence over the entity or key management personnel of that entity (or a parent of the entity).

(vii) An entity, or a member of a group to which the entity is part of the group, provides key management personnel services to the reporting entity or to a parent of the reporting entity.

NAMA, SIFAT HUBUNGAN, DAN JENIS TRANSAKSI DENGAN PIHAK BERELASI

Berikut adalah penjelasan mengenai nama pihak berelasi, sifat hubungan dan jenis transaksi dengan pihak berelasi sampai dengan 31 Desember 2021:

NAME AND NATURE OF RELATIONSHIPS AND TYPES OF TRANSACTIONS WITH RELATED PARTIES

The following is an explanation of the names of related parties, the nature of the relationship and types of transactions with related parties as of December 31, 2021:

Pihak Berelasi / Related Parties	Sifat Hubungan / Nature of Relations	Sifat Transaksi / Nature of Transaction
PT Pertamina (Persero)	Pemegang Saham / Shareholder	Jasa Kesehatan, Sewa Utilitas, dan Biaya Pelatihan / Healthcare services, utilities rent and training fee
PT Pertamina EP	Entitas Sepengendali / Entities under common control	Jasa Kesehatan dan Sewa Utilitas / Healthcare services and utilities rent
PT Pertamina Training & Consulting	Entitas Sepengendali / Entities under common control	Jasa Kesehatan dan Sewa Utilitas / Healthcare services and utilities rent
PT Pertamina Gas, PT Pertamina Trans Kontinental, PT Pertamina Patra Niaga, PT Pelita Air Service, PT Pertamina Hulu Energi, PT Patra Jasa, PT Elnusa Tbk Patra Trading, PT Pertamina Geothermal Energy, PT Tugu Pratama Indonesia, PT Pertamina PDV Indonesia, PT Pertamina Drilling Services Indonesia, PT Pertamina Retail, PT Pertamina Lubricants, PT Pertamina EP Cepu, PT Pertamina Internasional Eksplorasi dan Produksi, PT Pertamina EP Cepu ADK, PT Pertamina Algeria Eksplorasi dan Produksi, Conoco Phillips Algeria Limited, PT Perusahaan Gas Negara Tbk, PT Pertamina International Shipping, PT Pertamina Hulu Indonesia, PT Nusantara Regas, PT Pertamina Power Indonesia	Entitas Sepengendali / Entities under common control	Jasa Kesehatan / Healthcare services
Yayasan Kesehatan Pertamina	Pihak Berelasi Lainnya / Other related party	Jasa Kesehatan / Healthcare services
Sekolah Tinggi Ilmu Kesehatan (STIKES)	Pihak Berelasi Lainnya / Other related party	Pinjaman dan Pendapatan Bunga / Loan and interest income
Akademi Keperawatan Pertamina	Pihak Berelasi Lainnya / Other related party	Pinjaman dan Pendapatan Bunga / Loan and interest income
Dewan Komisaris dan Dewan Direksi	Manajemen Kunci Perusahaan / Key management of the Company	Kompensasi dan Remunerasi / Compensation and remuneration
PT Bank Mandiri (Persero) Tbk, PT Bank BRI (Persero) Tbk, PT Bank BNI (Persero) Tbk, PT Bank BNI Syariah, PT Bank BRI Syariah, PT Bank Pembangunan Daerah Jawa Timur Tbk, PT Bank Pembangunan Daerah Kalimantan Timur dan Kalimantan Utara, PT Bank Pembangunan Daerah Jawa Barat dan Banten, PT Bank BTN (Persero) Tbk, PT Bank DKI	Perusahaan Afiliasi / Affiliated Company	Jasa Perbankan / Banking Services

Rincian transaksi dengan pihak berelasi tahun 2020 dan 2019 adalah sebagai berikut:

Details of transaction with related parties in 2021 and 2020 is as follows:

Kas dan Setara Kas

Cash and Cash Equivalents

Uraian / Description	2021	2020
PT Bank Syariah Mandiri	-	353.537
PT Bank BNI (Persero) Tbk	374.186	235.408

Uraian / Description	2021	2020
PT Bank BRI (Persero) Tbk	601.726	214.837
PT Bank Mandiri (Persero) Tbk	509.825	189.437
PT Bank Pembangunan Daerah Jawa Barat dan Banten	84.582	60.179
PT Bank BTN (Persero) Tbk	82.591	50.115
PT Bank BRI Syariah	-	47.350
PT Bank BNI Syariah	-	18.922
PT Bank Pembangunan Daerah Jawa Timur Tbk	-	4.573
PT Bank Pembangunan Daerah Kalimantan Timur dan Kalimantan Utara	-	401
PT Bank DKI	-	10
PT Bank Syariah Indonesia	943.085	-
Lain-Lain	2.646	4.984
Total	**2.598.641**	**1.174.769**
Persentase Terhadap Jumlah Aset / Percentage to Total Assets	**34,89%**	**20,14%**

Piutang Usaha / Trade Receivables

Uraian / Description	31 Desember / December 31	
	2021	2020
PT Pertamina (Persero)	63.926	104.653
PT Pertamina EP	49.810	27.253
PT Pertamina Geothermal Energy	-	9.997
PT Perusahaan Gas Negara Tbk	18.381	7.145
PT Pertamina Driling Service Indonesia	27.857	5.417
PT Pertamina Hulu Energi	25.918	5.239
PT Pertamina Hulu Indonesia	28.674	3.267
PT Elnusa Tbk	-	2.531
PT Pertamina Lubricants	-	1.713
PT Patra Niaga	38.531	1.572
PT Pertamina Training & Consulting	-	1.113
PT Pertamina EP Cepu	10.709	877
PT Pertamina Retail	-	844
PT Pertamina International Shipping	-	541
PT Pertamina Internasional Eksplorasi dan Produksi	-	536
PT Pertamina Transkontinental	-	435
PT Patra Jasa	-	286
PT Nusantara Regas	-	85
PT Tugu Pratama Indonesia	-	67
PT Pelita Air Service	-	34
PT Pertamina EP Cepu ADK	-	22
PT Pertamina Dana Ventura	-	2
PT Pertamina Gas	-	-
PT Kilang Pertamina Internasional	37.814	-
Pihak Berelasi Lainnya / Other Related Partie	31.637	21.189
Yayasan Kesehatan Pertamina	-	2.983
Total	**333.257**	**176.612**
% Terhadap Jumlah Aset / % to Total Assets	**4,47%**	**3,03%**

Utang Usaha / Trade Payables

Uraian / Description	2021	2020
PT Pertamina (Persero)	17.880	22.068
PT Patra Jasa	710	1.879
PT Pertamina Training & Consulting	73	487
PT Patra Niaga (SH C&T)	212	-
PT Perusahaan Gas Negara	113	-
PT Pelita Air Service	-	247
PT Pertamina EP	209	237
PT Tugu Pratama Indonesia	287	75
Total	**29.685**	**24.993**
% Terhadap Jumlah Liabilitas / % to Total Liabilities	**0,82%**	**0,84%**

Pendapatan / Revenue

Uraian / Description	31 Desember / December 31	
	2021	2020
PT Pertamina (Persero)	203.742	237.753
PT Pertamina EP	116.305	76.176
PT Kilang Pertamina Internasional	38.244	-
PT Pertamina Hulu Energi	27.628	16.321
PT Pertamina Geothermal Energy	-	9.442
PT Pertamina Hulu Indonesia	22.973	8.954
PT Pertamina Drilling Service Indonesia	28.900	7.464
PT Elnusa Tbk	10.952	6.631
PT Perusahaan Gas Negara Tbk	-	4.563
PT Pertamina Patra Niaga	-	2.612
PT Pertamina Transkontinental	-	2.143
PT Pertamina Training & Consulting	-	2.030
PT Pertamina EP Cepu	-	1.824
PT Pertamina Lubricants	-	1.637
PT Patra Jasa	-	1.186
PT Pertamina Internasional Eksplorasi dan Produksi	-	1.153
PT Pertamina Retail	-	762
PT Pertamina Power Indonesia	-	530
PT Pelita Air Service	-	275
PT Pertamina EP Cepu ADK	-	192
PT Tugu Pratama Indonesia	-	188
PT Pertamina International Shipping	-	184
PT Nusantara Regas	-	108
PT Pertamina Dana Ventura	-	26
PT Pertamina Shipping	-	-
Lain-Lain / Others	46.038	28.855
Total	**494.782**	**382.154**
% Terhadap Jumlah Pendapatan / % to Total Revenue	**7,24%**	**7,23%**

Beban Operasi

(dalam jutaan Rupiah)

Operating Expenses

(in millions of Rupiah)

Uraian / Description	31 Desember / December 31	
	2021	2020
PT Patra Jasa	1.177	6.910
PT Kilang Pertamina Internasional	2.768	-
PT Pertamina (Persero)	8.650	6.509
PT Pertamina Patra Niaga Internasional	472	-
PT Pertamina Training & Consulting	1.023	733
PT Tugu Pratama Indonesia	433	405
PT Pelita Air Service	-	471
Total	**14.523**	**15.028**
% Terhadap Jumlah Beban Operasi / % to Total Operating Expenses	**0,25%**	**0,30%**

Manajemen Kunci

Dewan Komisaris dan Komite Audit memiliki peran yang proaktif dalam memastikan bahwa seluruh transaksi dengan Pihak Berelasi pada tahun 2021 dan 2020 telah dilakukan dengan wajar.

Seluruh transaksi dengan Pihak Berelasi yang dilakukan pada tahun 2021 dan 2020 diperlukan untuk mendukung lancarnya kegiatan operasional Perusahaan yang pada akhirnya berkontribusi pada peningkatan kinerja di 2 tahun tersebut.

Manajemen menilai bahwa seluruh transaksi dengan Pihak Berelasi di tahun 2019 telah memenuhi peraturan dan ketentuan yang terkait.

Key Management

The Board of Commissioners and the Audit Committee have a proactive role in ensuring that all transactions with Related Parties in 2021 and 2020 have been carried out fairly.

All transactions with Related Parties carried out in 2021 and 2020 were required to support the smooth operation of the Company which ultimately contributed to the improved performance in those 2 years.

The management assesses that all transactions with related parties in 2019 have complied with the relevant laws and regulations.

INFORMASI MATERIAL TERKAIT INVESTASI, EKSPANSI, DIVESTASI, PENGGABUNGAN/PELEBURAN USAHA, AKUISISI DAN RESTRUKTURISASI UTANG/MODAL

AKUISISI

Pada tahun 2021 telah dilakukan akuisisi kepemilikan saham PT Latinusa di PT Krakatau Medika dengan tujuan untuk meningkatkan nilai tambah dan kontribusi dengan menimbang Kinerja RS KM cukup baik di tahun 2020 dan 2021.

Sesuai Kesepakatan Bersama antara Perusahaan dan PT Latinusa Tbk No. HK.04.01/528A/0000/2021 dan 0930/A00000/2021 tanggal 19 Agustus 2021 telah disepakati oleh Para Pihak bahwa nilai jual beli saham PT Krakatau Medika milik PT Latinusa PT Pelat Timah Nusantara (Latinusa) sebesar 3,07% adalah Rp6.200.000.000,•(Enam Miliar Dua Ratus Juta Rupiah)

MATERIAL INFORMATION ON INVESTMENT, EXPANSION, DIVESTMENT, MERGER/CONSOLIDATION, ACQUISITION, AND DEBT/CAPITAL RESTRUCTURING.

ACQUISITION

In 2021, PT Latinusa's share ownership in PT Krakatau Medika has been acquired with the aim of increasing added value and contribution by considering the performance of KM Hospital was quite good in 2020 and 2021.

According to the Mutual Agreement between the Company and PT Latinusa Tbk No. HK.04.01/528A/0000/2021 and 0930/A0000/2021 dated August 19, 2021, it has been agreed by the Parties that the sale and purchase value of PT Krakatau Medika shares owned by PT Pelat Timah Nusantara (Latinusa) of 3.07% is Rp6.200,000,000 (Six Billion Two Hundred Million Rupiah).

PERUBAHAN PERATURAN YANG SIGNIFIKAN DAN DAMPAKNYA TERHADAP PERUSAHAAN

SIGNIFICANT CHANGES IN THE LAWS AND REGULATIONS AND ITS IMPACTS ON THE COMPANY

Nama Peraturan / Regulation	Perihal / Subject	Dampak terhadap Perusahaan / Impact on the Company
Peraturan Menteri Kesehatan No: 14 thn 2021 / Minister of Health Regulation No: 14 of 2021	Standar Kegiatan Usaha dan Produk pada Penyelenggaraan Perizinan Berusaha Berbasis Risiko Sektor Kesehatan / Standards for Business Activities and Products in the Implementation of Health Sector Risk-Based Business Licensing	Dimana dalam Peraturan tersebut mensyaratkan bahwa Aktivitas Klinik dengan KBLI : 86105 agar bernaung pada badan hukum sendiri dan terpisah dari badan hukum sebelumnya yang bergerak dibidang perumahsakitan, kendala yang dihadapi saat ini tidak dapat mengakses online single submission (OSS) untuk perpanjangan izin Klinik dan Perijinan lainnya baik yang ada di Pertamedika IHC maupun di Anak Perusahaaan Pertamedika IHC. / The regulation requires that Clinical Activities with KBLI : 86105 to rely on independent legal entity separated from the legal entity previously working in the hospital segment, the current issue is the inablity to access the online single submission (OSS) to extent Clinical and other permits in Pertamedika IHC and its Subsidiaries.
Keputusan Menteri Kesehatan RI Nomor HK.01.07 Menkes/5673/2021 / Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07/Menkes/5673/2021	Petunjuk Teknis Klaim Penggantian Biaya Pelayanan Pasien Corona Virus Disease 2019 (Covid – 19) / Technical Guidelines for Cost Reimbursement of Corona Virus Disease 2019 (Covid-19) Patients	Adanya perbedaan penagihan pengajuan klaim oleh Rumah Sakit Penyelenggara Pelayanan Covid 19 / Difference in the billing claims by Covid-19 Serving Hospitals

PERUBAHAN KEBIJAKAN AKUNTANSI

Standar baru, revisi terhadap standar yang telah ada dan interpretasi berikut ini, telah diterbitkan dan wajib untuk diterapkan untuk pertama kali untuk tahun buku Perusahaan yang dimulai pada atau setelah tanggal 1 Januari 2021 atau periode setelahnya.

CHANGES IN ACCOUNTING POLICY

New standards, revisions to existing standards and the following interpretations, have been published and shall be applied for the first time for the Company's financial years beginning on or after January 1, 2021 or the period thereafter.

Perubahan Kebijakan Akuntansi / Changes in Accounting Policy	Alasan Perubahan / Reason of Change	Dampak Kuantitatif terhadap Laporan Keuangan / Quantitative Impact on Financial Statements
Amandemen Pernyataan Standar Akuntansi Keuangan (PSAK) 22: Definisi Bisnis / Amendment to Statement of Financial Accounting Standards (PSAK) 22: Definition of Business	Amandemen PSAK 22 mengklarifikasi bahwa untuk dianggap sebagai suatu bisnis, suatu rangkaian terintegrasi dari aktivitas dan aset harus mencakup minimal, input dan proses substantif yang bersama-sama, berkontribusi secara signifikan terhadap kemampuan menghasilkan output. / Amendments to PSAK 22 clarify that to be considered as a business, an integrated set of activities and assets must include, at a minimum, substantive inputs and processes that, together, contribute significantly to the ability to generate outputs.	Tidak berdampak pada laporan keuangan / Not impacting the financial statements
Amandemen PSAK 55, PSAK 60, PSAK 62, PSAK 71 dan PSAK 73 – Reformasi Acuan Suku Bunga (Tahap 2) / Amendments to PSAK 55, PSAK 60, PSAK 62, PSAK 71 and PSAK 73 – Interest Rate Reference Reform (Phase 2)	Amandemen-amandemen ini memberikan kelonggaran sementara terkait dengan dampak pelaporan keuangan ketika suku bunga penawaran antarbank (*Interbank Offered Rate*) diganti dengan acuan suku bunga alternatif yang hampir bebas risiko (SBB). / These amendments provide temporary leeway regarding the impact of financial reporting when the Interbank Offered Rate was replaced with an almost risk-free alternative interest rate reference (SBB).	Tidak berdampak pada laporan keuangan / Not impacting the financial statements
Amandemen PSAK 73: Sewa – Konsesi Sewa Terkait Covid-19 / Amendment to PSAK 73: Leases – Lease Concessions Related to Covid-19	Sehubungan dengan pandemi yang terus berlangsung, amandemen tambahan diterbitkan pada bulan Maret 2021 dimana memperpanjang cakupan periode konsesi sewa, yang merupakan salah satu syarat penerapan cara praktis, dari tanggal 30 Juni 2021 dalam amendemen PSAK 73 Sewa tentang Konsesi Sewa terkait Covid-19 yang diterbitkan di bulan Mei 2020, menjadi 30 Juni 2022. / Due to the ongoing pandemic, an additional amendment was issued in March 2021 which extends the scope of the lease concession period, which is one of the requirements for implementing the practical method, from June 30, 2021 in the amendments to PSAK 73 Leases concerning Lease Concessions related to Covid-19 issued in May 2020, to 30 June 2022	Tidak berdampak pada laporan keuangan / Not impacting the financial statements

KELANGSUNGAN USAHA

Hal-hal yang Berpotensi Berpengaruh Signifikan terhadap Kelangsungan Usaha dan *Assessment* Manajemen atas Hal-hal yang Berpengaruh Signifikan terhadap Kelangsungan Usaha Perseroan

Sampai dengan akhir tahun 2021, Manajemen menilai bahwa Perusahaan tidak memiliki hal-hal yang berpotensi berpengaruh signifikan terhadap kelangsungan usahanya. Hal tersebut dapat dilihat dari kinerja keuangan yang mengalami pertumbuhan signifikan dari tahun sebelumnya. Selain itu, Perusahaan memiliki faktor internal dan eksternal yang kondusif terhadap kinerja

BUSINESS CONTINUITY

Matters with Significant Impact on Business Continuity and Management's Assessment of Matters with Significant Impact on the Company's Business Continuity

As of the end of 2021, the Management considers that the Company does not have anything that has the potential to significantly affect its business continuity. This can be seen from the financial performance which experienced significant growth from the previous year. In addition, the Company has internal and external factors that are conducive to its operational

operasionalnya melalui penilaian atas peta kekuatan, kelemahan, tantangan dan peluang usaha yang dimilikinya melalui analisa SWOT.

performance through an assessment of the map of its strengths, weaknesses, challenges and business opportunities through a SWOT analysis.

Asumsi yang Digunakan Manajemen dalam Melakukan Assessment

Pertumbuhan kinerja keuangan Perusahaan di tahun 2021 tetap tercatat positif di tengah ketidakpastian ekonomi. Di tahun 2021, Perusahaan berhasil meningkatkan Pendapatan sebesar 29,34% dan melakukan efisiensi biaya sehingga kenaikan Beban Operasi hanya tercatat sebesar 16,80%. Kombinasi atas peran proaktif Perusahaan dalam meraih peluang usaha di tahun 2021 dan penghematan biaya telah membuahkan hasil yang sangat baik dicerminkan oleh hasil kinerja erosionalal Perusahaan dan rencana *Unlock Value* Perusahaan yang berhasil diciptakan.

Selain menggunakan acuan atas kinerja keuangan Perusahaan, asumsi yang digunakan Manajemen atas kekuatan kelangsungan usaha Perusahaan juga dibuat berdasarkan analisis SWOT yang merupakan suatu teknik perencanaan strategi yang bermanfaat untuk mengevaluasi kekuatan (*strengths*), kelemahan (*weaknesses*), peluang (*opportunities*) dan ancaman (*threats*).

Kekuatan (*Strengths*)

1. Kondisi keuangan yang meningkat
2. Dukungan BUMN dan pemegang Saham yang kuat untuk melakukan pengembangan dan investasi
3. *Brand* Pertamedika IHC baik dan kuat
4. Teknologi penunjang medis yang memadai
5. Memiliki daftar obat standar yang menciptakan efisiensi harga obat
6. Seluruh RS terakreditasi
7. Jaringan RS dengan tempat tidur yang terbesar

Kelemahan (*Weaknesses*)

1. Tenaga dokter spesialis dan sub spesialis belum terpenuhi di beberapa RS, khususnya di wilayah luar Pulau Jawa
2. Sistem informasi RS belum seragam dan terintegrasi
3. Tidak semua RS Pertamina berada di wilayah yang mudah diakses oleh pelanggan dan transportasi umum

Peluang (*Opportunities*)

1. Belanja kesehatan masyarakat Indonesia mengalami pertumbuhan yang terus mengalami peningkatan
2. Beberapa lokasi di Indonesia terjadi kekurangan komposisi jumlah tempat tidur dibandingkan jumlah populasi penduduk
3. Pasar BPJS yang belum tergarap secara optimal
4. 5 (lima) penyakit tertinggi di Indonesia adalah jantung, *stroke*, kanker, diabetes, dan ortopedi melahirkan kebutuhan *center of excellence* khusus

Assumptions Used by Management in Conducting the Assessment

The growth of the Company's financial performance in 2021 remained positive amidst the slowdown in global and national economic growth. In 2021, the Company succeeded in increasing revenue by 29.34% and implementing cost efficiency so that the increase in Operating Expenses was only recorded at 16.80%. The combination of the Company's proactive role in seizing business opportunities in 2021 and cost savings has produced excellent results as reflected by the Company's erosional performance results and the Company's successful Unlock Value plan.

In addition to references for the Company's financial performance, the assumptions used by Management for the strength of the Company's business continuity are also made based on a SWOT analysis, which is a useful strategic planning technique for evaluating strengths, weaknesses, opportunities and threats.

Strengths

1. Improved financial conditions
2. Strong supports from SOE and Shareholders to carry out developments and investments
3. Good and strong Pertamina Hospital brand
4. Adequate medical support technology
5. List of standard drugs that create drug price efficiencies
6. Accredited hospitals
7. Largest Hospital Network with inpatient beds

Weaknesses

1. Specialist and sub-specialist doctors have not been fulfilled in several hospitals, especially in areas outside Java
2. Hospital information system is not yet uniform and integrated
3. Not all Pertamina hospitals are located in areas that are easily accessible to customers and public transportation

Opportunities

1. Indonesia's public health spending has experienced a high growth of around 15 percent per year
2. There is a deficiency in the composition of the number of beds compared to the population in several locations in Indonesia
3. The BPJS market has not been utilized optimally
4. The top 5 (five) diseases in Indonesia are heart disease, stroke, tuberculosis (TB), low back pain and neck pain, these five diseases give birth to a special center of excellence

5. Banyak investor dan perbankan yang berminat melakukan investasi di layanan kesehatan

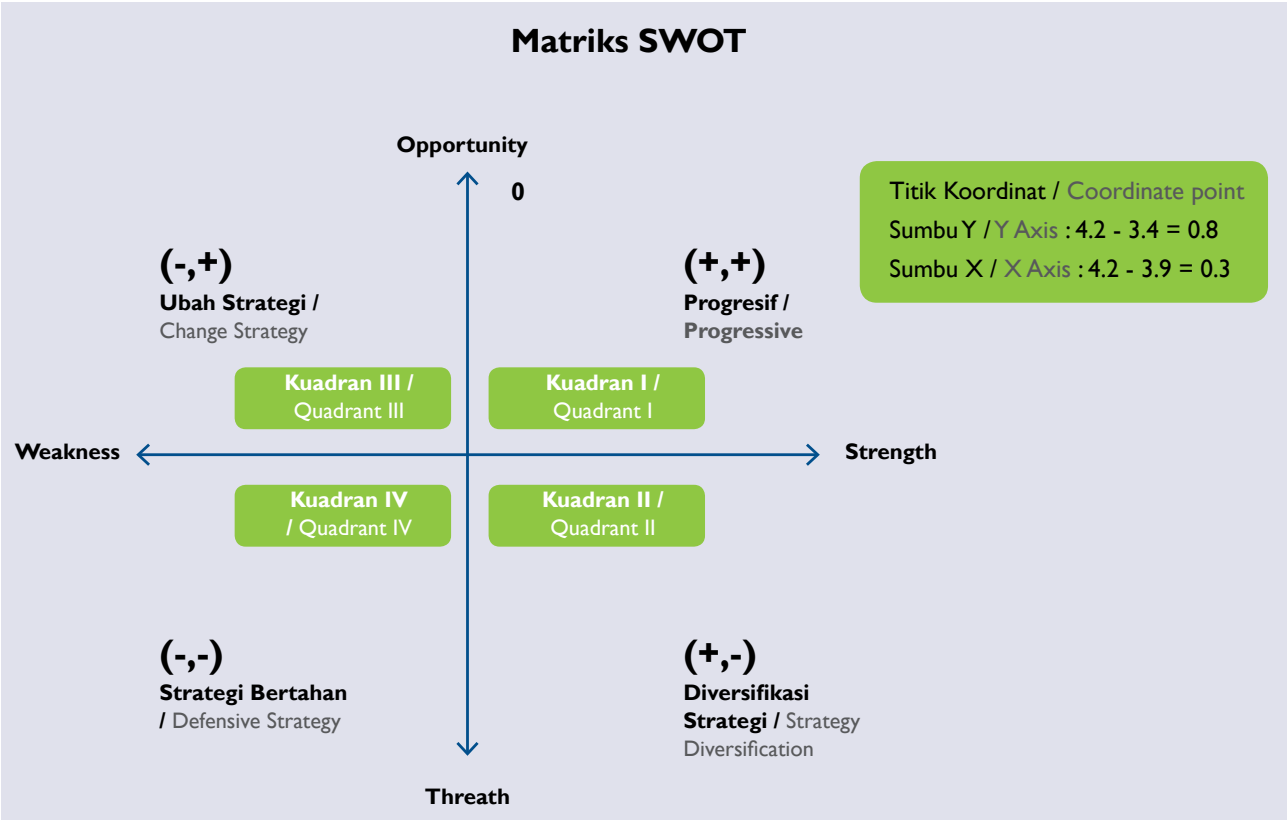
Ancaman (*Threats*)

1. Jumlah kompetitor yang semakin banyak
2. Tuntutan pelanggan terhadap kemudahan akses, harga sebanding kualitas
3. Jumlah dokter spesialis yang terbatas
4. Pertumbuhan produk pesaing berbasis digital

5. Many investors and banks are interested in investing in healthcare services

Threats

1. The increasing number of competitors
2. Customer demands for ease of access, price comparable to quality
3. Limited number of specialist doctors
4. Development of digital-based competitor products



Dari matriks SWOT di atas tergambar bahwa kedudukan dan posisi PT Pertamedika IHC saat ini berada pada Kuadran I yang menunjukkan *Offensive/Aggressive*. Hal ini berarti Perusahaan dalam kondisi prima dan mantap, sehingga benar- benar dimungkinkan untuk terus menjalankan ekspansi, memperbesar pertumbuhan dan meraih kemajuan secara maksimal.

Selain berdasarkan analisa SWOT, kelangsungan usaha Perusahaan dapat dilihat dari Tingkat Kesehatan Perusahaan. Indikator tingkat kesehatan Perusahaan ditetapkan berdasarkan Pedoman Pengelolaan Anak Perusahaan dan Perusahaan Patungan Pertamina Tahun 2013 dan dinilai berdasarkan kinerja Perusahaan untuk tahun buku yang sedang berjalan. Indikator tersebut meliputi penilaian dari aspek keuangan, pertumbuhan, dan administrasi, yang dikaitkan pula dengan RKAP yang telah disahkan oleh pemegang saham.

From the SWOT matrix, it can be seen that the current position of PT Pertamedika IHC is in Quadrant I which indicates Offensive/Aggressive. This means that the Company is in prime and steady condition, so that it is really possible to continue to expand, increase growth and achieve maximum progress. SWOT analysis can be seen as follows:

Aside from being based on a SWOT analysis, the Company's business continuity can be seen from the Company's Soundness Level. The indicators for the health level of the Company are determined based on the 2013 Guidelines for the Management of Pertamina's Subsidiaries and Joint Ventures and are assessed based on the Company's performance for the current fiscal year. These indicators include an assessment of the financial, growth and administrative aspects, which are also linked to the RKAP that has been validated by the shareholders.

Pencapaian tingkat kesehatan Perusahaan pada tahun 2021 dapat dilihat pada tabel di bawah ini.

The achievement of the Company's soundness level in 2021 can be seen in the table below.

Nilai Kinerja Keuangan / Financial Performance Score		**Penyajian Kembali Bersifat Proforma 2020 /** 2020 Proforma Restatement		**RKAP 2021 Revisi /** Revised 2021 RKAP		**Realisasi 2021 (*Audited*) /** 2021 Realization (Audited)	
		Nilai / Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value
Return on Equity	%	10,67	18,00	26,89	20,00	27,69	20,00
Return On Investment	%	11,75	15,00	18,11	15,00	19,01	15,00
Operating Profit Margin (OPM)	%	6,10	2,00	13,81	3,00	15,22	3,00
Net Profit Margin (NPM)	%	4,47	2,50	9,78	3,00	10,13	3,00
Cash Ratio	%	57,35	5,00	35,29	5,00	112,01	5,00
Current Ratio	%	134,03	5,00	141,88	5,00	182,35	5,00
Collection Period	hr	49,63	3,00	69,99	2,50	50,05	3,00
Inventory Turn Over	hr	10,64	3,00	8,31	3,00	5,39	3,00
Total Asset Turn Over	%	94,58	2,50	93,98	2,50	94,32	2,50
Equity to Total Asset.	%	48,82	6,00	49,86	6,00	51,87	6,00
Time Interest Earned Ratio (TIER)	%	-	-	-	-	27,69	20,00
Jumlah Nilai Kinerja Keuangan / Total Financial Performance Score			**62,00**		**65,00**		**65,50**
NKK setelah diproporsionalkan / **NKK after proportion**			**65,00**		**68,00**		**68,00**
Klasifikasi Tingkat Kinerja Keuangan / **Classification for Financial Perfromance**			**Sehat / Healthy**		**Sehat / Healthy**		**Sehat / Healthy**

Nilai Kinerja Pertumbuhan / Growth Performance Score		**Penyajian Kembali Bersifat Proforma 2020 /** 2020 Proforma Restatement		**RKAP 2021 Revisi /** Revised 2021 RKAP		**Realisasi 2021 (*Audited*) /** 2021 Realization (Audited)	
		Nilai / Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value
Asset Productivity Growth (ASPG)	%	1,561,89	2,00	136.78	2,00	186,03	2,00
Sales Growth (SALG)	%	22,21	2,00	23.79	2,00	29,34	2,00
Net Profit Margin Growth (NPMG)	%	278,34	2,00	117.99	2,00	125,78	2,00
Sales to Total Asset Growth (STAG)	%	(4,28)	-	1.13	1,00	1,32	1,00
Net Profit Growth (NPG)	%	423,58	2,00	184.77	2,00	209,21	2,00
Jumlah Nilai Kinerja Pertumbuhan / Total Growth Performance Score			**8,00**		**9,00**		**9,00**
			Tumbuh Sedang / Moderate Growth		**Tumbuh Sedang /** Moderate Growth		**Tumbuh Sedang /** Moderate Growth

Nilai Kinerja Operasional / Operational Performance Score		**Penyajian Kembali Bersifat Proforma 2020 /** 2020 Proforma Restatement		**RKAP 2021 Revisi /** Revised 2021 RKAP		**Realisasi 2021 (*Audited*) /** 2021 Realization (Audited)	
		Nilai / Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value
Kunjungan Penunjang Medis / Medical Support Visits	%	102,00	5,00	105,00	5,00	105,00	5,00
Kunjungan Rawat Jalan / Inpatient Visit	%	102,00	5,00	105,00	5,00	105,00	5,00
Jumlah Nilai Kinerja Operasional / Total Operational Performance Score			**10,00**		**10,00**		**10,00**
			Sangat Baik / Very Good		**Sangat Baik** / Very Good		**Sangat Baik** / Very Good

Nilai Kinerja Administrasi / Total Administrative Performance Score		**Penyajian Kembali Bersifat Proforma 2020** / 2020 Proforma Restatement		**RKAP 2021 Revisi /** Revised 2021 RKAP		**Realisasi 2021 (*Audited*)** / 2021 Realization (Audited)	
		Nilai / Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value	**Nilai /** Score	**Bobot /** Value
Laporan Keuangan Perusahaan Bulanan / Monthly Financial Statements	%	9,00	1,00	8,00	1,00	8,00	1,50
Laporan Manajemen Perusahaan Bulanan / Monthly Management Reports	%	11,00	1,00	9,00	1,00	9,00	1,50
Laporan Keuangan Audited / Audited Financial Statements	%	Februari	3,00	Februari	3,00	Februari	3,00
Rancangan RKAP / RKAP Drafts	%	Juni	2,00	Juni	2,00	Juni	2,00
Jumlah Nilai Kinerja Administrasi / Total Administrative Performance Score		**7,00**		**7,00**		**8,00**	
		Tertib / Orderly		**Tertib** / Orderly		**Tertib** / Orderly	
Tingkat Kesehatan Perusahaan / Soundness Level of the Company		**90,00**		**94,00**		**95,00**	
		Sehat AA / Healthy AA		**Sehat AA** / Healthy AA		**Sehat AA** / Healthy AA	

Pencapaian tingkat kesehatan perusahaan tahun 2021 adalah sebesar 95,00 dengan kategori Sehat AA melebihi dari pencapaian tingkat kesehatan perusahaan tahun 2020 dengan nilai 90,00 dan kategori Sehat AA, sudah mencapai target RKAP tahun 2021 dengan nilai 94,00 dan kategori Sehat AA Hal tersebut disebabkan oleh meningkatnya kinerja keuangan dan kinerja operasional Perusahaan.

The achievement of the Company's health level in 2021 was 95.00 with the Healthy AA category exceeding the achievement of the Company's health level in 2020 with a value of 90.00 and the Healthy AA category. This reached the 2021 RKAP target with a value of 94.00 and the AA Healthy category. This was caused by the increase in financial performance and operational performance of the Company.

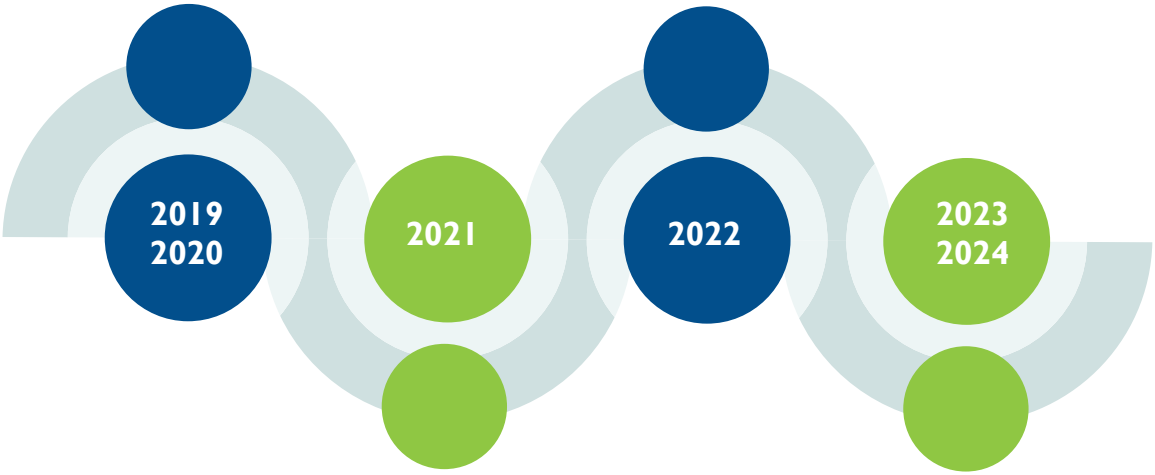
RENCANA JANGKA PANJANG PERUSAHAAN

LONG-TERM PLAN OF THE COMPANY

ROAD MAP PERTAMEDIKA IHC

CONSOLIDATION
- *Corporate Action of Portofolio Shares Issurance and BUMN Hospital Acquisitions*
- *Cultural Transformation*
- *Bussiness Processess and Services Standardization*
- *Clink management Subsidiary*
- *Digital Transformation*
- *Human Resources Development*

GROWTH AND EXPANSION
- *Initial Public Offering (IPO)*
- *Single EMR IHC*
- *Center of Excellence*
- *E-Commerce*
- *IHC green Hospital Standardization*
- *International accreditation*
- *Pharmaceuticals & Medical devices company aquisitions*



FURTHER CONSOLIDATION AND GROWTH
- *Development of spoke and hub system on exlsiting general and special hospital*
- *Center of Excellence (Center for Occupational Medicine)*
- *SMART Hospital & Health Tech*
- *Stabilization of Bussiness processess and services*
- *ASO business Development*

2023-2024 AND BEYOND - FUTURE GROWTH
- *World-class Hospital Standardization*
- *DIGIPreneurship*
- *IHC Medical Tourism*
- *IHC Foundation*
- *Supply chairns expansion and integration in Asia region*

Dari gambar di atas, dapat dilihat bahwa tahun pertama yaitu tahun 2019 dan 2020 merupakan tahun konsolidasi. Di tahun ini fondasi *Holding* RS BUMN dibentuk melalui integrasi RS BUMN yang dilakukan dalam 3 tahap aksi korporasi. Selain itu, di tahun ini juga Perusahaan melakukan transformasi budaya untuk menyelaraskan visi, misi dan budaya di seluruh grup Perusahaan, membentuk unit bisnis klinik, melaksanakan *Digital Transformation* serta pengembangan *Human Capital* untuk membentuk sumber daya potensial di seluruh grup Perusahaan.

Di tahun kedua, yakni tahun 2021 yang merupakan tahun kelanjutan dari konsolidasi RS BUMN serta upaya mencapai *Growth* Perusahaan. Hal ini dilakukan dengan mengembangkan *Spoke and Hub System* baik di RS Umum maupun RS Khusus, mengembangkan *Centre of Excellence* di tiap Rumah Sakit, pengembangan *SMART Hospital & Health Tech* serta upaya untuk stabilisasi proses bisnis yang telah disempurnakan di tahun 2020.

Tahun ketiga yaitu tahun 2022 merupakan tahun *Growth and Expansion*, di mana tahun ini Perusahaan akan melaksanakan IPO (*Initial Public Offering*). Perusahaan akan melepas sahamnya untuk dimiliki publik (*Go Public*). Selain akan mendapatkan dana segar untuk pengembangan Perusahaan, IPO juga diharapkan dapat meningkatkan daya saing Perusahaan di industri kesehatan serta meningkatkan *value* Perusahaan di mata masyarakat. Selain itu, Perusahaan juga akan semakin memantapkan *centre of excellence* di tiap-tiap Rumah Sakit, mengembangkan *e-commerce*, melakukan akreditasi internasional di Rumah Sakit tertentu.

Tahun ke empat dan seterusnya, Perusahaan mencanangkan *Future Growth*. Dalam hal ini Perusahaan akan menerapkan *standard World Class Hospital* di seluruh Rumah Sakit, pengembangan *Digipreneurship*, mengembangkan IHC *Medical Tourism* serta *Supply Chain expansion & integration* di Asia Tenggara.

From the picture above, it can be seen that the first years, namely 2019 and 2020, are consolidation years. This year, the foundation of SOE Hospital Holding was established through the integration of SOE Hospital which was carried out in 3 stages of corporate action. In addition, this year the Company also carried out a cultural transformation to align the vision, mission and culture across the Company's groups, established a clinical business unit, carried out Digital Transformation and developed Human Capital to form potential resources throughout the Company's group.

In the second year, 2021 is a continuation year of the consolidation of SOE Hospital and efforts to achieve Company Growth. This is done by developing the Spoke and Hub System in both General and Special Hospitals, developing a Center of Excellence in each Hospital, developing SMART Hospital & Health Tech and efforts to stabilize business processes that have been perfected in 2020.

The third year in 2022 is the year of Growth and Expansion, in which this year the Company will carry out an IPO (Initial Public Offering). The Company will offer its shares to public (Go Public). Apart from getting fresh funds for the development of the Company, the IPO is also expected to increase the Company's competitiveness in the health industry and increase the Company's value in the eyes of the public. In addition, the Company will also further establish a center of excellence in each hospital, develop e-commerce, carry out international accreditation in certain hospitals.

The fourth year onwards, the Company is launching Future Growth. In this case, the Company will apply World Class Hospital standards in all hospitals, develop Digipreneurship, develop IHC Medical Tourism as well as Supply Chain expansion & integration in Southeast Asia.

06

TATA KELOLA PERUSAHAAN

Good Corporate Governance

TATA KELOLA PERUSAHAAN

Good Corporate Governance

Komitmen Perseroan untuk mengoptimalisasi penerapan GCG dilakukan melalui beberapa langkah strategis yakni dengan melibatkan seluruh organ perusahaan dari manajemen hingga karyawan, memastikan kesesuaian antara aktivitas bisnis dengan peraturan perundang-undangan yang berlaku, serta menginternalisasikan GCG menjadi bagian dari budaya perusahaan

The Company's commitment to optimize GCG implementation is carried out through a number of strategic measures which including involving all organs of the Company from the management to employees, ensuring the compliance of business activities with the applicable laws and regulations, as well as internalizing GCG as part of the corporate culture

KOMITMEN DAN TUJUAN PENERAPAN GCG

Pertamedika IHC menempatkan implementasi prinsip Tata Kelola Perusahaan (*Good Corporate Governance*/GCG) yang menyeluruh serta efektif sebagai salah syarat utama bagi terciptanya keberlanjutan usaha. Sebagai unsur mendasar dalam aspek manajemen Perusahaan, GCG ditempatkan sebagai pedoman untuk mewujudkan sistem manajemen korporat yang profesional dengan budaya kerja sistematis, efisien, transparan, akuntabel dan bertanggung jawab serta menumbuhkan budaya kepatuhan (*compliance*) dan sadar risiko (*risk awareness*).

Komitmen Perseroan untuk mengoptimalisasi penerapan GCG dilakukan melalui beberapa langkah strategis yakni dengan melibatkan seluruh organ perusahaan dari manajemen hingga karyawan, memastikan kesesuaian antara aktivitas bisnis dengan peraturan perundang-undangan yang berlaku, serta melakukan konsolidasi internal GCG merupakan menjadi bagian dari budaya perusahaan. Penerapan GCG di Perseroan dilaksanakan secara terintegrasi dengan induk perusahaan, yakni PT Pertamina (Persero) Tbk. Komitmen Pertamedika IHC dalam peningkatan penerapan GCG di perusahaan tercermin dari hasil penilaian implementasi GCG pada tahun 2021 sebesar 83,71% dengan kategori "Baik", meningkat dari skor *assessment* GCG pada tahun 2020 sebesar 83,04% dengan kategori "Baik".

Implementasi GCG yang menyeluruh serta efektif di Perseroan pada hakikatnya memiliki tujuan sebagai berikut:

1. Memaksimalkan nilai pemegang saham melalui peningkatan daya saing usaha, yang pada akhirnya memaksimalkan laba, yang diperoleh dari penerapan praktik tata kelola di Perseroan dan pada unit-unit usaha Perusahaan sebagai suatu kelompok usaha yang terintegrasi, saling menunjang, dan berjalan seiring visi Perseroan.
2. Mewujudkan sistem manajemen perusahaan yang profesional dengan bercirikan kerja sistematis, efisien, transparan, akuntabel, dan bertanggung jawab, serta sadar risiko.
3. Meningkatkan kemandirian Perseroan terhadap praktik-praktik yang bertentangan dengan prinsip-prinsip GCG.
4. Mendorong tumbuh dan berkembangnya budaya Perseroan yang positif yang berlandaskan kepada nilai moral yang tinggi, kepatuhan kepada peraturan perundang-undangan yang berlaku, dan kesadaran akan adanya tanggung jawab sosial Perseroan kepada pemangku kepentingan.
5. Meningkatkan citra perusahaan dan menjadikan Perseroan sebagai tempat kerja yang membanggakan bagi para karyawannya.

COMMITMENT AND OBJECTIVE OF GCG IMPLEMENTATION

Pertamedika IHC places comprehensive and effective implementation of Good Corporate Governance (GCG) principles as the main requirements for creating business sustainability. As a fundamental element in the management aspect of the Company, GCG is positioned as a guideline for realizing a professional corporate management system characterized by systematic, efficient, transparent, accountable, and responsible work and fostering a culture of compliance and risk awareness.

The Company's commitment to optimize the implementation of GCG is carried out through several strategic steps, namely by involving all company organs from management to employees, ensuring conformity between business activities and applicable laws and regulations, as well as internalizing GCG as part of the corporate culture. The implementation of GCG in the Company is carried out in an integrated manner with the parent company, PT Pertamina (Persero) Tbk. Pertamedika IHC's commitment to improve the implementation of GCG in the company is reflected in the results of the GCG implementation assessment in 2021 at 83.71% in the "Good" category, an increase from the GCG assessment score in 2020 at 83.04% in the "Good" category.

Comprehensive and effective implementation of GCG in the Company essentially has the following objectives:

1. Optimizing shareholder's value through increasing business competitiveness, which in turn maximizing profits obtained from the implementation of GCG practices in the Company and its business units as an integrated business group that supports each other and goes hand in hand towards the Company's vision.
2. Realizing a professional company management system characterized by systematic, efficient, transparent, accountable, and responsible work, as well as risk awareness.
3. Increasing the Company's independence towards practices that are contrary to the principles of GCG.
4. Encouraging the growth and development of a positive corporate culture that is based on high moral values, compliance with applicable laws and regulations, and awareness of the Company's social responsibility to stakeholders.
5. Improving the company's image and making the Company a proud workplace for its employees.

DASAR HUKUM PENERAPAN GCG

Pertamedika IHC menerapkan prinsip GCG di Perseroan dengan berlandaskan peraturan perundang-undangan yang berlaku sebagai berikut:

1. Undang-Undang No. 40 Tahun 2007 tentang Perseroan Terbatas;
2. Peraturan Menteri Negara BUMN No. PER-01/MBU/2011 tanggal 1 Agustus 2011 tentang Penerapan Tata Kelola Perusahaan yang baik (*Good Corporate Governance*) pada Badan Usaha Milik Negara;
3. Peraturan Menteri Negara BUMN No. PER-09/ MBU/2012 tanggal 6 Juli 2012 tentang Perubahan atas Peraturan Menteri Negara BUMN No. PER01/MBU/2011 tanggal 1 Agustus 2011 tentang Penerapan Tata kelola Perusahaan yang Baik (*Good Corporate Governance*) pada Badan Usaha Milik Negara;
4. Surat Keputusan Sekretaris Kementerian Badan Usaha Milik Negara No. SK-16/S.MBU/2012 tanggal 6 Juni 2012 tentang Indikator/Parameter Penilaian dan Evaluasi atas Penerapan Tata Kelola Perusahaan yang Baik (*Good Corporate Governance*) pada Badan Usaha Milik Negara;
5. Anggaran Dasar Perusahaan; dan
6. Pedoman Tata Kelola Perusahaan (*Code of Corporate Governance*/CoGC), yang tertuang dalam Surat Keputusan No: Kpts-1513/A000000/2018-SO Tentang Pedoman Tata Kelola Perusahaan *Code of Corporate Governance* (CoCG).

LEGAL BASIS OF GCG IMPLEMENTATION

Pertamedika IHC applies the principles of GCG in the Company based on the following prevailing laws and regulations:

1. Law No. 40 of 2007 concerning Limited Liability Companies;
2. Regulation of the Minister of State-Owned Enterprise No. PER-01/MBU/2011 dated August 1, 2011 concerning Implementation of Good Corporate Governance on State-Owned Enterprises;
3. Regulation of the Minister of State-Owned Enterprise No. PER-09/MBU/2012 dated July 6, 2021 concerning Amendments to Regulation of the Minister of State-Owned Enterprise No. PER-01/MBU/2011 dated August 1, 2011 concerning Implementation of Good Corporate Governance on State-Owned Enterprises;
4. Decree of the Secretary of the Ministry of State-Owned Enterprises No. SK-16/S.MBU/2012 dated June 6, 2012 concerning Indicators/Parameters for Assessment and Evaluation of the Implementation of Good Corporate Governance in State-Owned Enterprises;
5. The Company's Articles of Association;
6. Code of Corporate Governance (CoGC) stipulated in Decree No: Kpts-1513/A000000/2018-SO concerning Code of Corporate Governance (CoCG).

PRINSIP GCG DAN PEDOMAN PELAKSANAANNYA

Komitmen Pertamedika IHC dalam penerapan GCG tercermin dalam pelaksanaan aktivitas bisnis yang senantiasa didasari oleh 5 prinsip GCG yakni:

GCG PRINCIPLES AND CODE OF CORPORATE GOVERNANCE IN THE COMPANY

Pertamedika IHC's commitment to implement GCG is reflected in the implementation of business activities which are always based on the following GCG principles:

Prinisip GCG / GCG Principle	Penjelasan / Description	Pedoman Pelaksanaan / Implementation Guidelines
Transparansi / Transparency	Keterbukaan dalam melaksanakan proses pengambilan keputusan dan keterbukaan mengemukakan informasi material dan relevan mengenai Perseroan. / Openness in carrying out decision-making process and openness in disclosing material and relevant information about the Company.	a. Perseroan menyediakan informasi secara tepat waktu, memadai, jelas, akurat serta mudah diakses oleh pemangku kepentingan sesuai dengan haknya. / The Company provides information in a timely, adequate, clear, accurate and easily accessible manner to stakeholders in accordance with their rights. b. Informasi yang harus diungkapkan meliputi, tetapi tidak terbatas pada, komposisi pemegang saham, visi, misi, susunan Direksi dan Dewan Komisaris, laporan tahunan, dan kejadian penting yang dapat mempengaruhi kondisi perusahaan. / Disclosed information includes, but is not limited to, the composition of shareholders, vision, mission, composition of the Board of Directors and the Board of Commissioners, annual reports, and important events that may affect the condition of the company. c. Prinsip keterbukaan yang dianut oleh Perseroan tidak mengurangi kewajiban untuk memenuhi ketentuan kerahasiaan perusahaan sesuai dengan peraturan perundang-undangan, rahasia jabatan, dan hak-hak pribadi. / The principle of openness adopted by the Company does not reduce the obligation to comply with the provisions of company confidentiality in accordance with laws and regulations, confidentiality of position, and personal rights. d. Kebijakan Perseroan harus tertulis dan secara proporsional dikomunikasikan kepada pemangku kepentingan. / The Company's policies must be written and proportionally communicated to stakeholders.

Prinisip GCG / GCG Principle	Penjelasan / Description	Pedoman Pelaksanaan / Implementation Guidelines
Akuntabilitas / Accountability	Kejelasan fungsi, pelaksanaan dan pertanggungjawaban organ perusahaan sehingga pengelolaan Perseroan terlaksana secara efektif. / Clarity of functions, implementation, and accountability of company organs to allow the management of the Company to be carried out effectively.	a. Perseroan harus menetapkan rincian tugas dan tanggung jawab masing-masing organ perusahaan secara jelas dan selaras dengan visi, misi, nilai-nilai perusahaan (*corporate values*), dan strategi perusahaan. / The company must define the details of duties and responsibilities of each company organ clearly and in line with the vision, mission, corporate values, and corporate strategies. b. Perseroan harus meyakini bahwa semua organ perusahaan dan semua karyawan mempunyai kemampuan sesuai dengan tugas, tanggung jawab, dan perannya dalam pelaksanaan GCG. / The company must ensure that all company organs and employees have the ability in accordance with their duties, responsibilities, and roles in implementing GCG. c. Perseroan harus memastikan adanya sistem pengendalian internal yang efektif dalam pengelolaan perusahaan. / The company must ensure that an effective internal control system is in place for managing the Company.
Pertanggungjawaban / Responsibility	Kesesuaian dalam pengelolaan Perseroan terhadap peraturan perundang-undangan yang berlaku dan prinsipprinsip pengelolaan perusahaan yang sehat. / Conformity in the management of the Company with the prevailing laws and regulations as well as the principles of managing a sound company.	a. Organ Perseroan harus berpegang pada prinsip kehati-hatian dan memastikan kepatuhan terhadap peraturan perundang-undangan, anggaran dasar dan peraturan perusahaan. / The Company's organs must adhere to the principle of prudence and ensure compliance with laws and regulations, articles of association as well as the Company's regulations. b. Perseroan harus melaksanakan tanggung jawab sosial, antara lain peduli terhadap masyarakat dankelestarian lingkungan terutama di sekitar perusahaan dengan membuat perencanaan dan pelaksanaan yang memadai. / The company must carry out social responsibilities, including caring for the community and environmental sustainability, especially in the Company's surrounding by preparing adequate planning and implementation.
Kemandirian / Independence	Keadaan dimana Perusahaan dikelola secara profesional tanpa benturan kepentingan dan pengaruh/tekanan dari pihak manapun yang tidak sesuai dengan peraturan perundang-undangan yang berlaku dan prinsip-prinsip Perusahaan yang sehat. / A condition in which the Company is managed in a professional manner away from conflict of interest and influence/pressure from any party that is not in accordance with prevailing laws and regulations as well as principles of a sound company.	a. Masing-masing organ Perseroan harus menghindari terjadinya dominasi oleh pihak manapun, tidak terpengaruh oleh kepentingan tertentu, bebas dari benturan kepentingan (*conflict of interest*) dan dari segala pengaruh atau tekanan, sehingga pengambilan keputusan dapat dilakukan secara obyektif. / Each organ of the Company must avoid any domination by any party, not affected by certain interests, free from conflict of interest and from any influence or pressure, in order to make decisions in an objective manner. b. Masing-masing organ Perseroan harus melaksanakan fungsi dan tugasnya sesuai dengan anggaran dasar dan peraturan perundang-undangan, tidak saling mendominasi dan atau melempar tanggung jawab antara satu dengan yang lain. / Each organ of the Company must carry out its functions and duties in accordance with the articles of association as well as laws and regulations, not dominate each other and or shift responsibility from one another.
Kewajaran / Fairness	Keadilan dan kesetaraan dalam memenuhi hak-hak pemangku kepentingan yang timbul berdasarkan perjanjian dan peraturan perundang-undangan yang berlaku. / Fairness and equality in fulfilling the rights of stakeholders that arise based on agreements as well as applicable laws and regulations.	a. Perseroan harus memberikan kesempatan kepada pemangku kepentingan untuk memberikan masukan dan menyampaikan pendapat bagi kepentingan perusahaan serta membuka akses terhadap informasi sesuai dengan prinsip transparansi dalam lingkup kedudukan masing-masing. / The company must provide opportunities for stakeholders to provide input and convey opinions for the benefit of the Company as well as open access to information in accordance with the principle of transparency within the scope of their respective positions. b. Perseroan harus memberikan perlakuan yang setara dan wajar kepada pemangku kepentingan sesuai dengan manfaat dan kontribusi yang diberikan kepada perusahaan. / The company must provide equal and fair treatment to stakeholders in accordance with the benefits and contributions given to the Company. c. Perseroan harus memberikan kesempatan yang sama dalam penerimaan karyawan, berkarir dan melaksanakan tugasnya secara profesional tanpa membedakan suku, agama, ras, golongan, *gender*, dan kondisi fisik. / The Company must provide equal opportunities in recruiting employees, having careers and carrying out their duties in a professional manner regardless of ethnicity, religion, race, class, gender, and physical condition.

ROADMAP GCG PERTAMEDIKA IHC

PERTAMEDIKA IHC GCG ROADMAP

2021

Assessment GCG dengan pendampingan dari konsultan independent, dengan perolehan skor sebesar 83,71 dengan kategori Baik / GCG assessment with assistance from an independent consultant, with a score of 83.71 in the Good category

2020

Self assessment GCG dengan pendampingan dari konsultan independen, dengan perolehan skor sebesar 83,04 dengan kategori Baik.
GCG self-assessment with assistance from an independent consultant, with a score of 83.04 in the Good category.

2019

Self assessment GCG dengan pendampingan dari konsultan independen, dengan perolehan skor sebesar 82,40 dengan kategori Baik.
GCG self-assessment with assistance from an independent consultant, with a score of 82.40 in the Good category.

2018

Assessment GCG oleh konsultan, dengan perolehan skor sebesar 81,74 dengan kategori Baik.
GCG assessment by a consultant, with a score of 81.74 in the Good category.

2017

Sosialisasi e-LHKPN *Area of Improvement*
Socialization of e-LHKPN Area of Improvement

2016

Assessment GCG oleh konsultan Independen Sosialisasi GCG
GCG Assessment by Independent Consultants on GCG Information

2015

- Pembuatan dan distribusi buku saku
  GCG Manufacture and distribution of GCG pocket books
- Pengisian COS oleh pekerja
  Charging COS by workers
- Revisi Board Manual
  Revised Board Manual
- Penyempurnaan sistem COS
  Improvement of the COS system

2014

- Sosialisasi GCG dan COS
  Dissemination of GCG and COS
- Penerapan GCG sebagai Boundary KPI seluruh direktur unit usaha
  Implementation of GCG as KPI Boundary in all business units
- Pengisian COS oleh pekerja
  Filling COS by the Worker

2013

Revisi Pedoman GCG
Revised GCG Manual

2012

Penyusunan Board Manual
Composing Board Manual

2006

Penyusunan pedoman GCG
Compiling GCG Manual

2002

GCG sebagai salah satu *core believes* perusahaan
GCG as one of core believes in the company

PENGEMBANGAN KUALITAS GCG TAHUN 2021

Fokus Tata Kelola Perusahaan Tahun 2021

Perseroan telah melakukan berbagai upaya guna meningkatkan kualitas penerapan GCG di Perseroan sepanjang tahun 2021, yang mana berfokus pada hal-hal berikut:

1. Pelaksanaan *Assessment* GCG;
2. Monitoring dan tindak lanjut rekomendasi hasil penilaian/ assessment GCG tahun 2020;
3. Sosialisasi dan pengisian LHKPN;
4. Pelaksanaan sistem kepatuhan *online*;

Penilaian Penerapan GCG

Dalam rangka mengukur sejauh mana prinsip GCG berhasil diterapkan secara efektif dan terus meningkat, Pertamedika IHC melakukan *assessment* GCG yang pelaksanaannya dilakukan dengan pihak eksternal. Penilaian terhadap pelaksanaan GCG dilakukan untuk mengetahui kualitas penerapan GCG di Perseroan berdasarkan ketentuan yang berlaku dan dikaitkan dengan praktik-praktik terbaik. Penilaian GCG menggunakan parameter yang telah ditetapkan oleh PT Pertamina (Persero) sebagai pemegang saham utama Perusahaan, sesuai dengan prinsip pelaksanaan GCG secara terintegrasi. Metodologi yang digunakan dalam proses penilaian ditetapkan melalui Surat Keputusan Sekretaris Kementerian BUMN Nomor: SK-16/S.MBU/2012 tanggal 6 Juni 2012. Proses *assessment* dilakukan setiap tahun secara bergantian oleh tim *assessor* internal dan *assessor* independen. Adapun skor *assessment* GCG untuk tahun 2021 yang dilakukan secara mandiri (*self assessment*) dengan didampingi oleh konsultan eksternal sebesar 83,71% dengan kategori "Baik".

Berikut rincian hasil penilaian GCG dalam 2 (dua) tahun terakhir:

GCG QUALITY DEVELOPMENT IN 2021

GCG Focus of the Company in 2021

The Company has exerted various efforts to improve the quality of GCG implementation in the Company throughout 2020, which focuses on the following:

1. Implementation of GCG Assessment;
2. Monitoring and following up on recommendations for the 2020 GCG assessment results;
3. Dissemination and filling of LHKPN;
4. Implementation of online compliance system.

GCG Implementation Assessment

In order to measure the extent to which GCG principles have been successfully applied and for continuous improvement, Pertamedika IHC conducted a GCG assessment which was carried out with external parties. Assessment of GCG implementation is carried out to determine the quality of GCG implementation in the Company based on applicable regulations and is linked to best practices. The GCG assessment uses the parameters set by PT Pertamina (Persero) as the main shareholder of the Company, in accordance with the principles of implementing GCG in an integrated manner. The methodology used in the assessment process is stipulated in the Decree of the Secretary of the Ministry of SOEs Number: SK-16/S.MBU/2012 dated June 6, 2012. The assessment process is carried out alternately by a team of internal assessors and independent assessors. The GCG assessment score for 2021 which was carried out independently (self-assessment) accompanied by an external consultant was at 83.71% in the "Good" category.

The following are details of the GCG assessment results in the last 2 (two) years:

No	Aspek Pengujian GCG Assessmen / GCG Assessment Aspect	Nilai Maksimal / Maximum Score	2021		2020	
			Skor Capaian / Score Achieved	Tingkat Pemenuhan / Fulfillment Rate	Skor Capaian / Score Achieved	Tingkat Pemenuhan / Fulfillment Rate
1	Komitmen terhadap Penerapan Tata Kelola secara Berkelanjutan / Commitment to Sustainable Governance Implementation	7	6,82	97,46%	6,75	96,47%
2	Pemegang Saham dan Rapat Umum Pemegang Saham (RUPS) / Shareholders and General Meeting of Shareholders (GMS)	9	6,55	72,76%	7,22	80,17
3	Dewan Komisaris / Board of Commissioners	35	31,44	89,84%	30,26	86,46%
4	Direksi / Board of Directors	35	31,44	88,97%	31,63	90,38%
5	Pengungkapan Informasi dan Transparansi / Information Disclosure and Transparency	9	7,76	86,18%	7,18	79,73%
6	Aspek Lainnya / Other Aspects	5	0,00	0,00%	0,00	0,00%
Total			**83,71**	**83,71%**	**83,04**	**83,04%**
Kategori Penilaian GCG / GCG Implementation Quality			**Baik / Good**		**Baik / Good**	

Area of Improvement dari Penilaian Penerapan GCG Tahun 2021

Hasil *assessment* GCG di tahun 2021 terdapat beberapa *area of improvement* yang perlu diperhatikan dan mendapat tindak lanjut, yakni:

1. **Aspek I: Komitmen terhadap Penerapan Tata Kelola yang Baik secara Berkelanjutan**

   Perusahaan diharapkan melakukan:
   - Pemutakhiran atas kebijakan *whistleblowing system* dengan menambahkan muatan kewajiban bagi Perwira Pertamedika untuk melakukan pelaporan atas pelanggaran yang terjadi di lingkungan Pertamedika;
   - Evaluasi dan pelaporan terhadap pelaksanaan kebijakan *whistleblowing system* secara berkala.

2. **Aspek II: Pemegang Saham dan RUPS**

   Para Pemegang Saham diharapkan dapat:
   - Menyampaikan hasil penilaian terhadap calon anggota Direksi dan anggota Dewan Komisaris;
   - Menetapkan keputusan lainnya terkait jumlah maksimum jabatan Dewan Komisaris yang boleh dipegang oleh seorang anggota Dewan Komisaris;
   - Melakukan persetujuan rancangan RJPP atau Revisi RJPP dilaksanakan tepat waktu;
   - Melakukan pengesahan rancangan RKAP dilaksanakan tepat waktu;
   - Memberikan kinerja anggota Direksi (individu) berdasarkan laporan kinerja Direksi dan mempertimbangkan tanggapan Dewan Komisaris.

3. **Aspek III: Dewan Komisaris**

   Dewan Komisaris diharapkan untuk:
   - Memastikan pelaksanaan pelatihan bagi anggota Dewan Komisaris direalisasikan sesuai dengan rencana kerja Dewan Komisaris;
   - Memastikan adanya laporan tentang hasil pelatihan yang telah dijalani anggota Dewan Komisaris;
   - Memastikan adanya penyampaian Rencana Kerja dan Anggaran Tahunan Dewan Komisaris kepada Direksi untuk dimasukkan sebagai bagian dari RKAP;
   - Memastikan adanya Rencana Kerja dan anggaran tahunan Dewan Komisaris disampaikan secara tertulis kepada Pemegang Saham/Pemilik Modal untuk mendapatkan pengesahan;
   - Memastikan adanya subtansi kebijakan/pedoman mengenai akses informasi Perusahaan sesuai Dewan Komisaris diantaranya memuat standar waktu penyampaiannya

Areas of Improvement from the 2021 GCG Implementation Assessment

The results of the GCG assessment in 2021 there are several areas of improvement that need attention and follow-up, namely:

1. **Aspect I: Commitment to Sustainable Implementation of Good Governance**

   The Company is expected to:
   - Update the whistleblowing system policy by adding the obligation for Pertamedika officers to report violations that occur in Pertamedika;
   - Evaluate and report of the implementation of the whistleblowing system policy on a regular basis.

2. **Aspect II: Shareholders and GMS**

   Shareholders are expected to be able to:
   - Deliver the results of the assessment of the candidates for members of the Board of Directors and members of the Board of Commissioners;
   - Establish other decisions related to the maximum number of positions on the Board of Commissioners that may be held by a member of the Board of Commissioners;
   - Make approval of the RJPP draft or RJPP revision on time;
   - Make approval of the draft RKAP on time;
   - Provide the performance of members of the Board of Directors (individual) based on the performance report of the Board of Directors and consider the response of the Board of Commissioners.

3. **Aspect III: Board of Commissioners**

   The Board of Commissioners is expected to:
   - Ensure that the implementation of training for members of the Board of Commissioners which is realized in accordance with the work plan of the Board of Commissioners;
   - Ensure that there is a report on the results of the training that has been undertaken by members of the Board of Commissioners;
   - Ensure the submission of the Board of Commissioners' Annual Work Plan and Budget to the Board of Directors to be included as part of the RKAP;
   - Ensure that the annual work plan and budget of the Board of Commissioners are submitted in writing to the Shareholders/Capital Owners for approval;
   - Ensure the substance of policies/guidelines regarding access to Company information in accordance with the Board of Commissioners, including including the standard

dan mekaniesme penyampaian informasi tersebut oleh Direksi dan memastikan adanya penyampaian Rencana Kerja dan Anggaran Tahunan Dewan Komisaris kepada Direksi untuk dimasukkan sebagai bagian dari RKAP;

- Memastikan adanya simpulan bahwa rancangan RKAP selaras dan/atau tidak selaras dengan RJPP;
- Menyampaikan kepada RUPS/Pemilik Modal alasan pencalonan dan besarnya honorarium/imbal jasa yang diusulkan untuk eksternal auditor;
- Memastikan adanya telaah dan/atau penelitian terhadap calon-calon Direksi yang diusulkan Direksi, sebelum disampaikan kepada Pemegang Saham/Pemilik Modal;
- Memastikan adanya usulan Komisaris atas calon anggota Direksi yang baru kepada RUPS/Pemilik Modal;
- Memastikan adanya rencana Dewan Komisaris menelaah pengusulan remunerasi Direksi;
- Melaporkan kepada Perusahaan untuk dicatat dalam Daftar Khusus mengenai kepemilikan sahamnya dan/atau keluarganya pada Perusahaan dan perusahaan lain;
- Memastikan Indikator Pencapaian Kinerja beserta target RKA Dewan Komisaris disetujui oleh RUPS;
- Memastikan adanya evaluasi pencapain kinerja masing-masing anggota Dewan Komisaris dan dituangkan dalam risalah rapat internal Dewan Komisaris yang dilaksanakan setiap 1 bulan sekali;
- Memastikan adanya pedoman rapat Dewan Komisaris, mencakup pelaksanaan evaluasi tindak lanjut hasil rapat sebelumnya;
- Memastikan adanya bahan-bahan rapat disediakan dan disampaikan kepada peserta rapat paling lambat 3 (tiga) hari sebelum diadakan rapat;
- Memastikan adanya risalah rapat Komite Dewan Komisaris pada setiap rapat yang memuat hasil-hasil analisis, telaahan, dan evaluasi atas acara yang diagendakan, serta risalah asli dari setiap rapat Komite Dewan Komisaris diserahkan kepada Sekretaris Dewan Komisaris untuk disimpan di Perusahaan;
- Memastikan adanya laporan triwulan dan tahunan Komite kepada Dewan Komisaris, minimal memuat perbandingan realisasi kegiatan dengan program kerja tahunan serta subtansi hasil kegiatan dan rekomendasinya.

time for submission and the mechanism for submitting such information by the Board of Directors and ensuring the submission of the Board of Commissioners' Annual Work Plan and Budget to the Board of Directors to be included as part of the RKAP;

- Ensure that there is a conclusion that the RKAP draft is in line with and/or not in line with the RJPP;
- Submit the reasons for nomination and the amount of the proposed honorarium/reward for the external auditor to the GMS/Capital Owner;
- Ensure that there is a review and/or research on candidates for the Board of Directors proposed by the Board of Directors, prior to submission to Shareholders/ Capital Owners;
- Ensure that the Board of Commissioners proposes new candidates for members of the Board of Directors to the GMS/Capital Owners;
- Ensure that there is a plan for the Board of Commissioners to review the proposed remuneration for the Board of Directors;
- Report to the Company to be recorded in the Special Register regarding the ownership of its shares and/or its family in the Company and other companies;
- Ensure that the Performance Achievement Indicators along with the Board of Commissioners' RKA targets are approved by the GMS;
- Ensure that there is an evaluation of the performance achievements of each member of the Board of Commissioners and it is stated in the minutes of the internal meeting of the Board of Commissioners which is held once a month;
- Ensure that there are guidelines for the Board of Commissioners' meeting, including the implementation of follow-up evaluations on the results of previous meetings;
- Ensure that meeting materials are provided and delivered to meeting participants no later than 3 (three) days prior to the meeting;
- Ensure that the minutes of the Board of Commissioners Committee meetings at each meeting contain the results of analysis, review, and evaluation of the scheduled events, as well as the original minutes of each meeting of the Board of Commissioners Committee submitted to the Secretary of the Board of Commissioners to be stored in the Company;
- Ensure that there are quarterly and annual reports of the Committee to the Board of Commissioners, at least containing a comparison of the realization of activities with the annual work program as well as the substance of the results of activities and their recommendations.

4. Aspek IV: Direksi

Direksi diharapkan untuk:

- Memastikan SOP untuk proses bisnis inti Perusahaan dilaksanakan konsisten dan tidak terdapat penyimpangan atas prosedur;
- Melakukan sosialisasi RJPP kepada seluruh karyawan Perusahaan;
- Menyampaikan rancangan RKAP kepada RUPS dan/atau Dewan Komisaris tepat waktu berdasarkan peraturan yang berlaku;
- Melakukan sosialisasi RKAP kepada seluruh karyawan Perusahaan;
- Menetapkan adanya mekanisme bagi Direksi untuk merespon usulan peluang bisnis dari manajemen di bawah Direksi/anggota Direksi/Dewan Komisaris;
- Menetapkan adanya mekanisme bagi Direksi untuk sewaktu-waktu segera membahasa isu-isu terkini mengenai perubahan lingkungan bisnis dan permasalahan yang berdampak besar pada usaha Perusahaan dan kinerjanya;
- Memastikan adanya survey tingkat kepuasan pemasok terhadap Perusahaan;
- Menetapkan jenis kebijakan Perusahaan yang harus dikomunikasikan kepada karyawan dan jenis kebijakan yang harus melibatkan karyawan dalam perumusannya;
- Menetapkan kebijakan mengenai metode penilaian untuk mengukur kepuasan karyawan dan melaksanakan survey kepuasan karyawan;
- Menetapkan kebijakan tentang pembinaan usaha kecil;
- Memastikan Perusahaan memiliki rencana kerja untuk implementasi tanggung jawab sosial Perusahaan disertai anggarannya;
- Memastikan pelaksanaan kegiatan tanggung jawab sosial sesuai dengan rencana yang ditetapkan;
- Memastikan Perusahaan melaksanakan program kemitraan dengan usaha kecil;
- Memastikan seluruh anggota DIreksi menyampaikan laporan kepemilikan saham pada Perusahaan dan perusahaan lainnya kepada Perusahaan untuk dicatat dalam Daftar Khusus;
- Memastikan terdapat rencana rapat Direksi dan agenda yang dibahas;
- Memastikan jumlah tenaga auditor mencukupi kebutuhan Perusahaan;
- Memastikan RUPS untuk pengesahan/persetujuan RJPP dilaksanakan selambat-lambatnya dalam waktu 60 (enam puluh) hari setelah diterimanya Rancangan RJPP secara lengkap atau sebelum periode RJPP berikutnya berjalan;
- Memastikan RUPS untuk pengesahan/persetujuan RKAP dilaksanakan paling lambat 30 (tiga puluh) hari setelah tahun buku berjalan.

4. Aspect IV: Board of Directors

Board of Directors is expected to:

- Ensure that SOPs for the Company's core business processes are implemented consistently and that there are no deviations from procedures;
- Conduct socialization of RJPP to all employees of the Company;
- Submitt the RKAP draft to the GMS and/or the Board of Commissioners on time based on the applicable regulations;
- Disseminate the RKAP to all employees of the Company;
- Establish a mechanism for the Board of Directors to respond to business opportunity proposals from management under the Board of Directors/members of the Board of Directors/Board of Commissioners;
- Establish a mechanism for the Board of Directors to immediately discuss the latest issues regarding changes in the business environment and problems that have a major impact on the Company's business and its performance;
- Ensure that there is a survey on the level of supplier satisfaction with the Company;
- Determine the types of Company policies that must be communicated to employees and the types of policies that must involve employees in their formulation;
- Establish policies on assessment methods to measure employee satisfaction and conduct employee satisfaction surveys;
- Establish policies on small business development;
- Ensure that the Company has a work plan for the implementation of corporate social responsibility along with its budget;
- Ensure the implementation of social responsibility activities in accordance with the established plan;
- Ensure the Company implements partnership programs with small enterprises;
- Ensure that all members of the Board of Directors submit share ownership reports in the Company and other companies to the Company to be recorded in the Special Register;
- Ensure that there is a plan for a Board of Directors meeting and an agenda to be discussed;
- Ensure that the number of auditors meets the needs of the Company;
- Ensure that the GMS for the validation/approval of the RJPP is carried out no later than 60 (sixty) days after the receipt of the complete RJPP Draft or before the next RJPP period runs;
- Ensure that the GMS for validation/approval of the RKAP is held no later than 30 (thirty) days after the current fiscal year.

5. **Aspek V: Pengungkapan Informasi dan Transparansi**

Direksi dan Perusahaan diharapkan untuk:

- Memastikan tingkat kepatuhan Perusahaan yang memadai kebijakan pengendalian informasi Perusahaan;
- Mempublikasikan Laporan Keuangan dalam website Perusahaan;
- Memastikan adanya muatan penjelasan tentang misi Perusahaan dalam Laporan Tahunan;
- Memastikan adanya muatan pelatihan yang akan dilakukan
- Mengungkap ada atau tidaknya jasa lain yang diberikan akuntan selain jasa audit finansial;
- Mengungkap ada atau tidaknya muatan bahasan dan analisis tentang informasi keuangan yang telah dilaporkan yang mengandung kejadian yang sifatnya luar biasa dan jarang terjadi;
- Memastikan adanya uraian mengenai aktivitas dan biaya yang dikeluarkan berkaitan dengan tanggung jawab sosial Perusahaan terutama mengenagi komitmen Perusahaan terhadap perlindungan konsumen mencakup antara lain informasi tentang nomor kontak pusat pengaduan dan biaya yang telah dikeluarkan atas program yang dilaksanakan;
- Memastikan adanya uraian mengenai aktivitas yang dikeluarkan berkaitan dengan tanggung jawab sosial Perusahaan terutama tentang "*Community Development Program*" yang telah dilakukan, mencakup informasi tentang mitra usaha binaan, program pengembangan seni budaya, dan biaya yang telah dikeluarkan;
- Memastikan adanya uraian mengenai aktivitas dan biaya yang dikeluarkan berkaitan dengan tanggung jawab sosial Perusahaan terutama aktivitas lingkungan, mencakup antara lain informasi tentang aktivitas pelestarian lingkungan dan biaya yang telah dikeluarkan;
- Memastikan adanya muatan khusus mengenai akses informasi dan data Perusahaan, yakni mengenai tersedianya akses inforamsi dan data Perusahaan kepada *public* dalam Laporan Tahunan.

5. **Aspect V: Disclosure and Disclosure of Information**

The Board of Directors and the Company are expected to:

- Ensure an adequate level of Company compliance with the Company's information control policies;
- Publish Financial Statements on the Company's website;
- Ensure that there is an explanation of the Company's mission in the Annual Report;
- Ensure that there is a training content to be carried out
- Disclose the presence or absence of other services provided by accountants other than financial audit services;
- Disclose whether or not there is content of discussion and analysis on financial information that has been reported which contains extraordinary and rare events;
- Ensure that there is a description of the activities and costs incurred in relation to the Company's social responsibility, especially regarding the Company's commitment to consumer protection including, among others, information on the contact number of the complaint center and the costs incurred for the program implemented;
- Ensure that there is a description of the activities issued in relation to the Company's social responsibility, especially regarding the "Community Development Program" that has been carried out, including information about the fostered business partners, arts, and culture development programs, and costs that have been incurred;
- Ensure that there is a description of the activities and costs incurred in relation to the Company's social responsibility, especially environmental activities, including, information on environmental conservation activities and costs that have been incurred;
- Ensure that there is a special content regarding access to Company information and data, namely regarding the availability of access to Company information and data to the public in the Annual Report.

Sistem Kepatuhan *Online*

Guna meningkatkan kualitas penerapan GCG di lingkungan perusahaan, Pertamedika IHC mengembangkan sistem kepatuhan online (*Compliance Online System*/COS) berdasarkan Surat Keputusan No: Kpts-1545/A00000/2021-SO tanggal 1 November 2021 sebagai sarana bagi karyawan untuk menyampaikan:

1. Pernyataan Benturan Kepentingan dan Potensi Benturan Kepentingan;
2. Pernyataan Kepatuhan terhadap Pedoman Perilaku (*Code of Conduct*);

Compliance Online System

To improve the quality of GCG implementation within the Company, Pertamedika IHC has developed a Compliance Online System (COS) based on the Decree No. Kpts-1545/A00000/2021-SO dated November 1, 2021 as a means for the employees to convey:

1. Statement of Conflict of Interest and Potential of Conflict of Interest;
2. Statement of Compliance with Code of Conduct;

3. Pernyataan telah menyampaikan LHKPN setingkat Direksi, *Vice President*, Kepala SPI, *Corporate Secretary*, para Manajer di Perusahaan serta Direktur dan Wakil Direktur unit usaha; dan
4. Laporan penolakan, penerimaan dan pemberian gratifikasi.

Status Wajib Lapor (WL) dimiliki oleh seluruh seluruh pekerja Pertamedika IHC, dengan demikian memiliki kewajiban untuk membuat laporan melalui COS yang dirancang untuk menjangkau setiap karyawan Pertamedika IHC yang ditempatkan di berbagai lokasi penugasan di unit- -unit usaha Pertamedika IHC di seluruh wilayah Indonesia. Berikut rekapitulasi penyampaian Wajib Lapor Perusahaan:

Pengendalian Gratifikasi

Pengendalian Gratifikasi merupakan suatu hal yang penting untuk mewujudkan budaya dan sikap kerja berintegritas dari seluruh elemen Perseroan. Pengendalian gratifikasi ini bertujuan untuk memberikan arah dan acuan bagi Insan Perseroan mengenai gratifikasi, memberikan arah dan acuan bagi Insan Perseroan mengenai kepatuhan dan melaporkan gratifikasi untuk perlindungan dirinya sendiri maupun keluarganya dari peluang dikenakannya tuduhan tindak pidana suap, serta membentuk lingkungan instansi/organisasi yang sadar dan terkendali dalam penanganan praktik gratifikasi sehingga prinsip keterbukaan dan akuntabilitas dalam menjalankan kegiatan operasional dan bisnis sehari-hari semakin terimplementasi.

Pedoman Gratifikasi

Dalam menjalankan aktivitas bisnisnya, Perseroan menyadari pentingnya sikap yang tegas terhadap pemberian dan/atau permintaan gratifikasi dari satu pihak kepada pihak lainnya, mengingat Gratifikasi sifatnya yang mengarah pada tindak pidana suap. Oleh karena itu, diperlukan Pedoman Gratifikasi yang merupakan bagian tidak terpisahkan dari Pedoman GCG (*Good Corporate Governance*). Pedoman gratifikasi tersebut tertuang dalam Surat Keputusan No:Kpts-1522/A00000/2018-SO Tentang Pedoman Gratifikasi PT Bina Medika (Pertamedika) yang ditetapkan tanggal 1 Oktober 2018 dan ditandatangani Direktur Utama Pertamedika.

Ruang Lingkup

Ruang lingkup Pedoman ini adalah mengenai hal-hal yang terkait dengan gratifikasi, penolakan, penerimaan, pemberian hadiah/ cenderamata dan hiburan (*entertainment*), prinsip dasar, ketentuan peraturan perundang-undangan yang mengatur, klasifikasi tindakan gratifikasi serta batasan penerimaan, pemberian dan pemberian atas permintaan dari pihak ketiga.

3. Statement of LHKPN submission at the level of the Board of Directors, Vice President, SPI Head, Corporate Secretary, Managers in the Company as well as Directors, and Deputy Directors in business units; and
4. Reports of gratification rejection, giving, and acceptance.

All Pertamedika IHC employees have the status of Compulsory Reporting (WL) meaning that they have an obligation to make a report through COS which is designed to reach every Pertamedika IHC employee who is placed in various assignment locations in Pertamedika IHC business units throughout Indonesia. The recapitulation of the submission of Compulsory Reporting of the Company is as follows:

Gratification Control

Gratification Control is key in creating a work culture and attitude with integrity from all elements of the Company. This gratification control aims to provide direction and reference for the Individuals of the Company regarding gratification, provide direction and reference for the Company's personnel regarding compliance and report gratification for the protection of themselves and their families from the opportunity to be charged with accusations of bribery, and to form an environment of agencies/organizations that are aware and is controlled in handling of gratification practices so that the principles of openness and accountability in carrying out daily operational and business activities are increasingly implemented.

Gratification Guidelines

In carrying out its business activities, the Company realizes the importance of having a firm attitude towards giving and/or requesting gratification from one party to another, considering that gratification can lead to the criminal act of bribery. Therefore, a Gratification Guidelines are needed which are an integral part of the Code of GCG. The gratification guidelines are contained in the Decree No: Kpts-1522/A00000/2018-SO concerning the Gratification Guidelines of PT Bina Medika (Pertamedika) which was set on October 1, 2018 and signed by the President Director of Pertamedika.

Scope

The scope of this Guideline is regarding matters related to gratification, rejection, acceptance, giving of gift/souvenirs and entertainment, basic principles, provisions of laws and regulations that govern classification of acts of gratification and limits on acceptance, rejection and giving of gratification on the request of a third party.

Dalam implementasi pengendaliannya, selama ini Perseroan melaksanakan pengendalian dengan cara sebagai berikut:

1. Membangun sarana pelaporan gratifikasi bagi para Wajib Lapor, yang diwujudkan dalam bentuk *Compliance Online System* (COS) yang terintegrasi dengan sistem *intranet*, sehingga memudahkan para pekerja untuk membuat laporan gratifikasi.
2. Memberlakukan Pedoman Gratifikasi
3. Membentuk Unit Pengendalian Gratifikasi (UPG) yang dilaksanakan oleh fungsi *Compliance*.

In implementing its controls, the Company has carried out controls in the following ways:

1. Developing a gratification reporting facility for people with Compulsory Reporting which is realized in the form of Compliance Online System (COS) that is integrated with the internet, facilitating employees to submit gratification report.
2. Enforcing Gratification Guidelines.
3. Establishing Gratification Unit Control (UPG) performed by the Compliance function.

Laporan Harta Kekayaan Penyelenggara Negara (LKHPN)

Laporan Harta Kekayaan Penyelenggara Negara (LHKPN) pada prinsipnya merupakan laporan yang wajib disampaikan oleh penyelenggara negara mengenai harta kekayaan yang dimilikinya saat pertama kali menjabat dan saat pensiun.

LHKPN di Pertamedika IHC dilakukan sesuai dengan ketetapan Direktur Utama PT Pertamina (Persero) SK No. 70/C00000/2017-S0 tanggal 30 November 2017 tentang Kewajiban Penyampaian Laporan Harta Kekayaan Penyelenggara Negara (LHKPN) yang kemudian diratifikasi dengan terbitnya Surat Keputusan Direktur Utama PT Pertamina Bina Medika IHC Nomor Kpts-1161/A00000/2018 tanggal 2 Agustus 2018. Berikut rekapitulasi penyampaian Wajib Lapor Perusahaan:

State Administrators Asset Report

In principle, State Administrators Asset Report (LHKPN) is a report that must be submitted by state administrators regarding their assets at the time of their first term of office and at retirement.

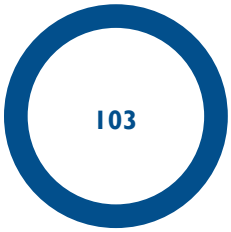
LHKPN at Pertamedika IHC is carried out in accordance with the decree of the President Director of PT Pertamina (Persero) SK No. 70/C00000/2017-S0 dated November 30, 2017 concerning the Obligation to Submit a State Administrators Asset Report (LHKPN) which was later ratified with the issuance of the Decree of the President Director of PT Pertamina Bina Medika IHC Number Kpts-1161/A00000/2018 dated August 2, 2018. The recapitulation of the submission of Compulsory Reporting of the Company is as follows:

Kepatuhan / Complaint

Sudah Lapor / Already Report

Sudah Lapor / Already Report	Wajib Lapor / Compulsory Reporting
103 100.0%	103 100.0%

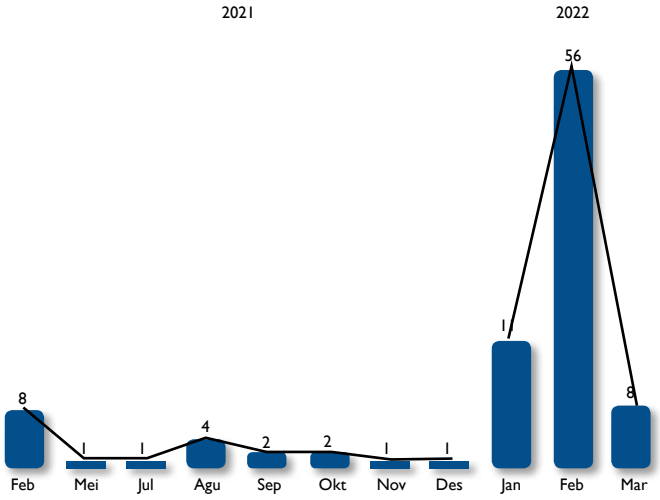
Ketepatan / Accuracy



Tepat Waktu / On time

Tepat Waktu / On time	Sudah Lapor / Already Report
103 100.0%	103 100.0%

Grafik Penyampaian LHKPN / Graph of LHKPN Submission



Benturan Kepentingan

Dalam menjalankan aktivitas bisnisnya, Pertamedika menyadari pentingnya sikap yang tegas terhadap penanganan Benturan Kepentingan yang terjadi di Perusahaan, sehingga dapat tercipta pengelolaan Perusahaan yang baik, serta hubungan yang harmonis dengan seluruh Pemangku Kepentingan maupun pihak-pihak lainnya dalam pelaksanaan kerja sama dan interaksi dengan Perusahaan.

Conflict of Interest

In carrying out its business activities, Pertamedika realizes the importance of a firm attitude towards handling Conflict of Interest that occurs in the Company to create good management, as well as harmonious relationships with all Stakeholders and other parties in the implementation of cooperation and interactions with the Company.

Pedoman Benturan Kepentingan

Pelaksanaan pencegahan benturan kepentingan di Perseroan mengacu pada Pedoman Benturan Kepentingan (*Conflict of Interest*) berdasar Surat Keputusan No: Kpts-1788/A00000/2021-SO tanggal 1 Desember 2021, yang merupakan bagian tidak terpisahkan dari Pedoman GCG (*Good Corporate Governance*). Melalui Pedoman Benturan Kepentingan (*Conflict of Interest*) diharapkan segala aktivitas bisnis di Perseroan senantiasa dijalani dengan penuh amanah, transparan dan akuntabel.

Prinsip Dasar

Benturan Kepentingan Pribadi, Keluarga dan atau Golongan Semua Insan Perseroan di luar anggota keluarganya (keluarga inti) yang karena jabatannya, apabila menemui potensi atau kondisi/situasi Benturan Kepentingan **DILARANG** meneruskan kegiatan/melaksanakan kewajiban atas jabatannya. Dalam pelaksanaan potensi atau kondisi/situasi benturan kepentingan, Insan Perseroan:

a. Dilarang melakukan transaksi dan/atau menggunakan harta perusahaan untuk kepentingan pribadi, keluarga atau golongan.
b. Dilarang menerima dan/atau memberi hadiah/manfaat dalam bentuk apa pun yang berkaitan dengan kedudukannya di dalam perusahaan dari mitra kerja, penyedia barang dan jasa serta perusahaan pesaing rekanan/mitra kerja.
c. Dilarang menerima dan/atau memberi barang/*parcel*/uang/setara uang atau dalam bentuk apa pun pada hari raya keagamaan.
d. Dilarang mengizinkan mitra kerja atau pihak ketiga memberikan sesuatu dalam bentuk apa pun kepada sekelompok Insan Perseroan dan/atau di luar Insan Perseroan.
e. Dilarang menerima *refund* dan keuntungan pribadi lainnya yang melebih dan/atau bukan haknya dari hotel atau pihak manapun juga dalam rangka kedinasan atau hal-hal yang dapat menimbulkan potensi benturan kepentingan.
f. Dilarang bersikap diskriminatif, tidak adil untuk memenangkan penyedia barang/jasa rekanan/mitra kerja tertentu dengan maksud untuk menerima imbalan jasa untuk kepentingan pribadi, keluarga dan/atau golongan.
g. Dilarang memanfaatkan informasi rahasia dan data bisnis perusahaan untuk kepentingan di luar perusahaan.

Conflict of Interest Guidelines

The prevention of conflict of interest in the Company refers to the Guidelines of Conflict of Interest based on Decree No: Kpts-1788/A00000/2021-SO dated December 1, 2021, which is an integral part of the Code of GCG. Through the Guidelines of Conflict of Interest, it is hoped that all business activities in the Company will always be carried out in a trustworthy, transparent and accountable manner.

Basic Principle

Conflict of Interests of Personal, Family and/or Class of all personnel of the Company outside of their family members (main family) who because of their position, encounter a potential or condition/situation of Conflict of Interest, are PROHIBITED to continue their activities/carry out their obligations of their positions. In implementing a potential or condition/situation of conflict of interest, the Company's personnel:

a. Are prohibited from carrying out transactions and/or use of the company's assets for personal, family or group interests.
b. Are prohibited from accepting and/or giving gifts/benefits in any form related to their positions in the company from work partners, providers of goods and services as well as competitor/partner's competitors.
c. Are prohibited from receiving and/or giving goods/parcel/money/money equivalent or in any form on religious holidays.
d. Are prohibited from allowing work partners or third parties to give something in any form to a group of the Company's personnel and/or outside of the Company's personnel.
e. Are prohibited from receiving refund and other personal benefits that exceed and/or are not entitled to them from hotels or any other parties in the context of official affairs or things that may create potential conflict of interest.
f. Are prohibited from being discriminative, not fair in allowing certain goods/services providers/business partners with the intention of receiving compensation for services for personal, family, and/or group interests.
g. Are prohibited from utilizing confidential business information and data of the Company for interests outside of the company.

h. Dilarang terlibat langsung atau tidak langsung dalam pengelolaan perusahaan pesaing dan/atau perusahaan mitra atau calon mitra lainnya.
i. Dilarang baik langsung maupun tidak langsung dengan sengaja turut serta dalam pemborongan, pengadaan, atau persewaan, yang pada saat dilakukan perbuatan, untuk seluruh atau sebagian ditugaskan untuk mengurus atau mengawasinya.
j. Membuat pernyataan potensi benturan kepentingan apabila mempunyai hubungan keluarga sedarah dalam hubungan keluarga inti dengan anggota Direksi dan/atau anggota Dewan Komisaris.

Proses Pelaporan

Insan Perseroan atau pihak ketiga yang mengetahui adanya pelanggaran terhadap ketentuan yang terdapat pada pedoman ini, agar segera melaporkan pelanggaran dimaksud sesuai ketentuan yang berlaku di perusahaan atau melaporkan melalui saluran *Whistleblowing System* (WBS). Perusahaan menjamin bahwa proses pelaporan yang dilakukan oleh Insan Perseroan maupun pihak ketiga akan dijaga kerahasiaannya.

Sanksi Atas Pelanggaran

Pelanggaran terhadap ketentuan dalam Pedoman Benturan Kepentingan (*Conflict of Interest*) ini akan dikenakan sanksi yang berlaku di perusahaan yang masuk dalam kategori sebagai suatu bentuk pelanggaran berat. Pada tahun 2021 sendiri, tidak ditemukan adanya kasus maupun pengaduan terkait adanya praktik benturan kepentingan yang dilakukan oleh pejabat dan karyawan Pertamedika.

STRUKTUR GCG

Struktur GCG merupakan seperangkat organ perusahaan yang menjalankan fungsi pengelolaan, pengawasan dan pengendalian Perusahaan dalam rangka mencapai tujuan usahanya dengan memperhatikan kepentingan *shareholder* dan *stakeholder* lainnya. Bagi Perseroan struktur GCG yang kuat merupakan bagian dari upaya mengembangkan sistem dalam penerapan GCG yang sistematis dan terpusat agar dapat berjalan secara optimal. Perseroan telah memiliki struktur GCG yang terdiri dari:

1. **Rapat Umum Pemegang Saham (RUPS)**
   RUPS merupakan organ perusahaan yang memiliki kekuasaan dan wewenang tertinggi serta diselenggarakan sesuai dengan Anggaran Dasar. RUPS Pertamedika IHC mencakup 11 pemegang saham antara lain:

h. Are prohibited from being involved directly or indirectly in the management of competitor companies and/or partner companies or other potential partners.
i. Are prohibited from taking part directly or indirectly in chartering, procuring, or renting, which at the time of the act is wholly or partly assigned to manage or supervise it.
j. Make a statement of potential conflict of interest when having blood relative of main family relationship with members of the Board of Directors and/or members of the Board of Commissioners.

Reporting Process

The Company's personnel or third parties that are aware of a violation of the provisions contained in the guidelines, should immediately report the violation in accordance with the applicable provisions in the Company or report it through the Whistleblowing System (WBS). The Company guarantees that the reporting process carried out by the Company's personnel and third parties will be kept confidential.

Sanctions for Violations

Sanctions will be imposed upon violation to provisions in the Guidelines of the Conflict of Interest applicable in the Company and is categorized as a serious violation. In 2021, there were no cases or complaints found related to practices of conflict of interest committed by Pertamedika officials and employees.

GCG STRUCTURE

The GCG structure is a set of corporate organs that carry out the management, supervision, and control functions of the Company in order to achieve its business objectives by taking into account the interests of shareholders and other stakeholders. For the Company, a strong GCG structure is part of the effort to develop a system for implementing an optimal, systematic, and centralized GCG. The Company has a GCG structure consisting of:

1. **General Meeting of Shareholders (GMS)**
   GMS is a company organ that has the highest power and authority and is organized in accordance with the Articles of Association. The GMS of Pertamedika IHC includes 11 shareholders, including:

Komposisi Pemegang Saham **Shareholder**

No	Nama Pemegang Saham / Shareholder Name	Persentase Kepemilikan (%) / Ownership Percentage (%)
1	PT Pertamina (Persero)	81,11
2	PT Pertamina Pedeve Indonesia	0,01
3	PT Krakatau Steel (Persero) Tbk	0,75
4	PT Krakatau Industrial Estate Cilegon	0,61
5	PT Krakatau Bandar Samudera	0,44
6	PT Pelabuhan Indonesia (Persero)	6,00
7	PT Timah Tbk	1,78
8	PT Perkebunan Nusantara X	5,62
9	PT Perkebunan Nusantara XI	1,94
10	PT Perkebunan Nusantara XII	1,74
Total		**100,00**

2. Dewan Komisaris

Dewan Komisaris bertugas melaksanakan fungsi pengawasan atas jalannya perusahaan yang dilaksanakan oleh Direksi. Anggota Dewan Komisaris bertindak secara kolegial sebagai Dewan dan tidak dapat bertindak secara sepihak. Tugas, wewenang dan kewajiban Dewan Komisaris diatur dalam Anggaran Dasar Perusahaan yang disahkan oleh RUPS. Dewan Komisaris juga berperan dalam mengawasi penerapan GCG di lingkungan Perusahaan.

3. Direksi

Direksi bertugas menjalankan segala tindakan yang berkaitan dengan pengurusan perusahaan untuk kepentingan perusahaan dan sesuai dengan maksud dan tujuan perusahaan. Dalam melaksanakan tugasnya tersebut Direksi mengacu pada kewajiban dan wewenang yang diatur dalam dalam Anggaran Dasar Perusahaan yang disahkan oleh RUPS.

2. Board of Commissioners

The Board of Commissioners is in charge of carrying out supervisory function over the Company's management which is carried out by the Board of Directors. Members of the Board of Commissioners act collegially as a Board and cannot act individually. The duties, authorities and obligations of the Board of Commissioners are stipulated in the Articles of Association of the Company which are ratified by the GMS. The Board of Commissioners also plays a role in overseeing the implementation of GCG within the Company.

3. Board of Directors

The Board of Directors perform all actions related to the Company's management for the benefit of the Company and in accordance with the aims and objectives of the Company. In carrying out its duties, the Board of Directors refers to the obligations and authorities stipulated in the Articles of Association of the Company which are ratified by the GMS.

RAPAT UMUM PEMEGANG SAHAM (RUPS)

Rapat Umum Pemegang Saham (RUPS) adalah merupakan yang dihadiri oleh Pemegang Saham yang memenuhi syarat kuorum dan diselenggarakan oleh Direksi atas permintaan Komisaris, Direksi atau pemegang saham yang mewakili 1/10 bagian dari jumlah seluruh saham dalam rangka mengambil keputusan penting yang berkaitan dengan modal yang ditanam dalam perusahaan dan/atau untuk pengambilan keputusan atas hal-hal yang kewenangannya tidak diserahkan kepada Direksi atau Komisaris.

Dalam pelaksanaannya secara umum, RUPS terdiri dari RUPS Tahunan yang diselenggarakan paling lambat 6 (enam) bulan setelah berakhirnya tahun buku dan RUPS Luar Biasa yang dapat diselenggarakan setiap waktu untuk membahas hal-hal yang tidak termasuk dalam agenda RUPST. Selain itu, pemegang saham dapat mengambil suatu keputusan sirkuler yang merupakan keputusan yang mengikat di luar RUPS sebagaimana dianggap diperlukan.

GENERAL MEETING OF SHAREHOLDERS (GMS)

The General Meeting of Shareholders (GMS) is a meeting that is attended by Shareholders who meet the quorum requirements and is held by the Board of Directors at the request of the Board of Commissioners, Board of Directors or shareholders who represent 1/10 of the total shares to make important decisions related to capital invested in the company and/or for decision making on matters whose authority is not delegated to the Board of Directors or Board of Commissioners.

In its general implementation, the GMS consists of an Annual GMS held no later than 6 (six) months after the end of fiscal year and an Extraordinary GMS that can be held at any time to discuss matters that are not included in the AGM agenda. In addition, shareholders can take a circular decision which is a binding decision outside the GMS as deemed necessary.

Pelaksanaan RUPS Tahunan Tahun 2021 / Annual GMS in 2021

Agenda dan Keputusan RUPS Tahunan 2021 / Agenda and Resolutions of the 2021 GMS

No	Agenda	Keputusan / Resolutions
1	Persetujuan Laporan Tahunan Tahun Buku 2020 termasuk pengesahan atas Laporan Keuangan Perseroan Tahun Buku 2020 disertai pelunasan dan pembebasan tanggung jawab sepenuhnya (*volledig acquit et de charge*) kepada Direksi dan Dewan Komisaris atas tindakan pengurusan dan pengawasan Perseroan selama Tahun Buku 2020 / Approval of Annual Report for 2020 Fiscal Year including validation of the Company's Financial Statements for 2020 Fiscal Year as well as full release and discharge to the Board of Directors and Board of Commissioners for management and supervisory actions on the Company during 2020 fiscal year	a. Menyetujui Laporan Tahunan Tahun Buku 2020 termasuk Pengesahan Laporan Keuangan Perseroan Tahun Buku 2020 dan Penyajian Kembali Laporan Keuangan Perseroan Tahun Buku 2018 dan 2019 beserta penjelasannya yang telah diaudit oleh Kantor Akuntan Publik Purwantono, Sungkoro & Surja sesuai laporan No. 00125/2.1032/AU.1/10/0701-6/1/II/2021 tanggal 23 Februari 2021 dengan pendapat "*wajar, dalam semua hal yang material*" / Approved the Annual Report for 2020 Fiscal Year and validated the Company's Financial Statements for 2020 Fiscal Year and the restatement of the Company's Financial Statements for 2018 and 2019 Fiscal Years along with their explanations which have been audited by Public Accounting Firm Purwantono, Sungkoro & Surja based on report No. 00125/2.1032/AU.1/10/0701-6/1/II/2021 dated February 23, 2021 with the opinion of "fair in all material respects" b. Memberikan pelunasan dan pembebasan sepenuhnya (volledig acquit et de charge) dari tanggung jawab kepada Direksi atas tindakan pengurusan dan kepada Dewan Komisaris atas tindakan pengawasan yang telah dijalankan selama Tahun Buku yang berakhir pada tanggal 31 Desember 2020 sepanjang: / Grated full release and discharge (volledig acquit et de charge) from responsibility to the Board of Directors for management actions and to the Board of Commissioners for supervisory actions that have been carried out during the Fiscal Year ending on December 31, 2020 insofar as: 1) Tindakan-tindakan tersebut tercermin pada Laporan Tahunan Perseroan dan Laporan Keuangan Perseroan untuk Tahun Buku yang berakhir tanggal 31 Desember 2020 tersebut; dan / These actions are reflected in the Company's Annual Report and Financial Statements for the Fiscal Year ending on December 31, 2020; and 2) Tindakan-tindakan tersebut bukan merupakan tindak pidana dan/atau perbuatan melawan hukum. / These actions are not criminal acts and/or unlawful acts.
2	Penetapan Penggunaan Laba Perseroan Tahun Buku 2020 / Determination of the Use of the Company's Profit for 2020 Fiscal Year	Menetapkan penggunaan laba bersih yang diatribusikan kepada pemilik entitas induk Perseroan Tahun Buku 2020 sebesar Rp 237.068.471.057,- sebagai berikut: / Determined the use of net profit attributable to owners of the parent entity for the 2020 Fiscal Year of Rp237,068,471,057 as follows: a. Sebesar 10% dari Laba Tahun Berjalan yang diatribusikan Kepada Entitas Induk atau sebesar Rp 23.706.847.106,- dibagikan sebagai Dividen kepada Pemegang Saham sesuai porsi kepemilikan saham dan dibayarkan secara tunai / 10% of the Profit for the Year attributable to the Parent Entity or Rp23,706,847,106 is distributed as Dividend to Shareholders based on the share ownership portion and paid in cash b. Sisanya sebesar 90% dari Laba Tahun Berjalan yang diatribusikan kepada Entitas Induk atau sebesar Rp 213.361.623.951 sebagai cadangan. / The remaining 90% of the Profit for the Year attributable to the Parent Entity or Rp 213,361,623,951 as reserves. c. Besarnya dividen yang menjadi hak Pemegang Saham wajib disetorkan kepada Pemegang Saham selambat-lambatnya 30 (tiga puluh) hari setelah ditetapkan oleh RUPS / The amount of dividends that are the rights of the Shareholders must be paid to the Shareholders no later than 30 (thirty) days after being determined by the GMS.
3	Penetapan Kantor Akuntan Publik (KAP) untuk audit Laporan Keuangan Tahun Buku 2021 / Appointment of Public Accounting Firm (KAP) to audit the Financial Statements for 2021 Fiscal Year	Memberikan kuasa dan melimpahkan kewenangan kepada Dewan Komisaris Perseroan untuk menetapkan Kantor Akuntan Publik (KAP) dalam melakukan pemeriksaan atas Laporan Keuangan Perseroan untuk Tahun Buku 2021 berikut besaran nilai jasanya, sesuai ketentuan dan peraturan yang berlaku, dengan ketentuan bahwa KAP yang ditunjuk Perseroan dikonsultasikan/dikoordinasikan terlebih dahulu dengan PT Pertamina (Persero) / Granted power and delegated authority to the Board of Commissioners of the Company to appoint the Public Accounting Firm (KAP) to audit the Company's Financial Statements for the 2021 Fiscal Year along with the amount of fees, in accordance with applicable regulations, provided that the KAP appointed by the Company is consulted/coordinated first with PT Pertamina (Persero)
4	Penetapan Penghargaan atas Kinerja (Tantiem) kepada Direksi dan Dewan Komisaris Tahun Buku 2020 / Determination of Performance Incentives (Tantiem) for the Board of Directors and Board of Commissioners for 2020 Fiscal Year	Penetapan Penghargaan atas Kinerja (Tantiem) kepada Direksi dan Dewan Komisaris Perseroan Tahun Buku 2020 akan ditentukan kemudian dan akan dilaksanakan dalam RUPS terpisah secara sirkuler. / Determination of Performance Incentives (Tantiem) for the Company's Board of Directors and Board of Commissioners for 2020 Fiscal Year will be determined subsequently in a separate circular GMS
5	Penetapan Remunerasi Direksi dan Dewan Komisaris Tahun Buku 2021 / Determination of Remuneration for the Board of Directors and Board of Commissioners for 2021 Fiscal Year	Penetapan Remunerasi Direksi dan Dewan Komisaris Perseroan Tahun Buku 2021 akan ditentukan kemudian dan akan dilaksanakan dalam RUPS terpisah secara sirkuler / Determination of remuneration for the Company's Board of Directors and Board of Commissioners for the 2021 Fiscal Year will be determined subsequently in a separate circular GMS

Pelaksanaan RUPS Luar Biasa dan RUPS Sirkuler 2021 / Extraordinary GMS and Circular GMS in 2021

RUPS Sirkuler / Circular GMS

No	Keputusan RUPS / GMS Resolutions	Tanggal Keputusan / Resolution Date
1	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Pemberhentian dan Penempatan Wakil Perseroan sebagai anggota Direksi dan Dewan Komisaris di Anak Perusahaan Perseroan / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Dismissal and Placement of the Company's Representative as members of the Board of Directors and Board of Commissioners in the Company's Subsidiaries	6 Januari 2021 / January 6, 2021
2	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Pengunduran Diri Direktur Operasional Medis / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Resignation of the Director of Medical Operations	18 Februari 2021 / February 18, 2021
3	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Pengangkatan Direktur Operasional Medis / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Appointment of the Director of Medical Operations	23 Maret 2021 / March 23, 2021
4	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Rencana Kerja dan Anggaran Perusahaan Tahun 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Company's Work Plan and Budget of 2021	28 Mei 2021 / May 28, 2021
5	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Perubahan Nomenklatur Jabatan Direksi, Pengalihan Tugas Anggota Direksi, Pemberhentian dan Pengangkatan Anggota Direksi serta Pengangkatan Anggota Dewan Komisaris / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Change in Position Nomenclature of the Board of Directors, Transfer of Assignment of Members of the Board of Directors, and Appointment of Members of the Board of Commissioners	9 Juni 2021 / June 9, 2021
6	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Penempatan Wakil Perseroan sebagai Komisaris PT Rumah Sakit Bakti Timah / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Placement of the Company's Representative as Commissioner of PT Rumah Sakit Bakti Timah	9 Juni 2021 / June 9, 2021

No	Keputusan RUPS / GMS Resolutions	Tanggal Keputusan / Resolution Date
7	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang Penetapan Penghargaan atas Kinerja Tahunan Anggota Direksi dan Anggota Dewan Komisaris Perseroan Tahun Buku 2020 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Determination of Annual Performance Incentives for Members of the Board of Directors and Board of Commissioners of the Company for 2020 Fiscal Year	16 Desember 2021 / December 16, 2021
8	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC tentang RKAP Revisi Tahun 2021 / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC on the Revised RKAP of 2021	31 Desember 2021 / December 31, 2021

RUPS Luar Biasa / Extraordinary GMS

No	Agenda	Keputusan / Resolutions
1	Persetujuan penyertaan saham PT Bio Farma (Persero) di PT Pertamina Bina Medika IHC sebesar Rp 1.000.000.000.000,- (satu triliun Rupiah) ("Penyertaan Saham Oleh PT Bio Farma (Persero)" / Approval of share participation of PT Bio Farma (Persero) in PT Pertamina Bina Medika IHC amounting to Rp1,000,000,000,000 (one trillion Rupiah) ("Share Participation by PT Bio Farma (Persero)")	1. Menyambut baik usulan yang disampaikan, Pemegang Saham Perseroan memahami Rencana Penyertaan Saham Oleh Bio Farma sebagaimana dipaparkan oleh Direksi Perseroan dan sebagaimana tertuang di dalam RKAP Perseroan Tahun 2021. / Receiving well the proposal submitted, the Shareholders of the Company understand the Plan for the Share Participation by Bio Farma as described by the Board of Directors of the Company and as stated in the Company's 2021 RKAP. 2. Pemegang Saham Perseroan memberikan arahan agar dalam menindaklanjuti Rencana Penyertaan Saham Oleh Bio Farma dilakukan oleh Direksi Perseroan dengan melengkapi kajian secara komprehensif; memenuhi ketentuan peraturan perundang-undangan yang berlaku, ketentuan Anggaran Dasar Perseroan, ketentuan internal dan kaidah-kaidah tata kelola perusahaan yang baik (*Good Corporate Governance*); melengkapi semua proses, tahapan dan administrasi; serta dilakukan dengan prinsip kehati-hatian. / The Shareholders of the Company provide direction for following up the Plan for the Share Participation by Bio Farma to be carried out by the Board of Directors of the Company by completing a comprehensive study; complying with the prevailing laws and regulations, the Company's Articles of Association, internal provisions, and the principles of good corporate governance; completing all processes, stages and administration; and carried out with the principle of prudence.
2	Konfirmasi atas pelaksanaan hak-hak yang dimiliki oleh para pemegang saham PT Pertamina Bina Medika IHC dalam opsi mengambil bagian dalam rencana penerbitan saham baru tersebut sesuai dengan ketentuan Pasal 4 ayat 3 Anggaran Dasar PT Pertamina Bina Medika IHC / Confirmation of the exercise of the rights held by the shareholders of PT Pertamina Bina Medika IHC in the option to participate in the plan to issue new shares in accordance with the provisions of Article 4 paragraph 3 of the Articles of Association of PT Pertamina Bina Medika IHC	Pemegang Saham Perseroan memahami permintaan Perseroan agar Para Pemegang Saham Eksisting tidakmengambil bagian atas rencana penerbitan saham baru, namun keputusan/persetujuan akhir atas hal tersebut akan diberikan PT Pertamina (Persero) setelah Direksi Perseroan menyampaikan surat penawaran saham yang di dalamnya termasuk memuat nilai wajar hasil valuasi Kantor Jasa Penilai Publik kepada seluruh Pemegang Saham dengan mengacu pada ketentuan peraturan perundang-undangan yang berlaku, ketentuan Anggaran Dasar Perseroan, ketentuan internal dan kaidah-kaidah tata kelola perusahaan yang baik (*Good Corporate Governance*). / The Shareholders of the Company understand the Company's request that the Existing Shareholders not participate in the plan to issue new shares, but the final decision/approval on this matter will be given by PT Pertamina (Persero) after the Board of Directors of the Company submits a share offering letter which includes the fair value of the valuation results by a Public Appraiser to all Shareholders by referring to the provisions of the applicable laws and regulations, the Company's Articles of Association, internal provisions, and the principles of good corporate governance.
3	Persetujuan dan pemberian wewenang kepada Direksi PT Pertamina Bina Medika IHC untuk mempersiapkan dan melaksanakan Penyertaan Saham Oleh PT Bio Farma (Persero) dengan tetap memperhatikan ketentuan-ketentuan dalam anggaran dasar PT Pertamina Bina Medika IHC dan prinsip tata kelola perusahaan yang baik (good corporate governance) dan pemberian persetujuan dari seluruh pemegang saham PT Pertamina Bina Medika IHC kepada PT Pertamina (Persero) untuk menentukan syarat-syarat dan ketentuan pelaksanaan Penyertaan Saham Oleh PT Bio Farma (Persero) / Approval and grant of authority to the Board of Directors of PT Pertamina Bina Medika IHC to prepare and implement the Share Participation by PT Bio Farma (Persero) with due regard to the provisions of the articles of association of PT Pertamina Bina Medika IHC and the principles of good corporate governance and grant of approval of all shareholders of PT Pertamina Bina Medika IHC to PT Pertamina (Persero) to determine the terms and conditions for the implementation of Share Participation by PT Bio Farma (Persero)	1. Pemegang Saham Perseroan memahami Rencana Penyertaan Saham Oleh Bio Farma sebagaimana dipaparkan oleh Direksi Perseroan dan sebagaimana tertuang di dalam RKAP Perseroan Tahun 2021. / The Shareholders of the Company understand the Share Participation Plan of Bio Farma as described by the Company's Board of Directors and as stated in the Company's 2021 RKAP. 2. Pemegang Saham Perseroan memberikan arahan agar dalam menindaklanjuti Rencana Penyertaan Saham Oleh Bio Farma sebagaimana tertuang dalam RKAP Perseroan Tahun 2021 dilakukan oleh Direksi Perseroan sesuai dengan ketentuan Anggaran Dasar Perseroan, ketentuan internal, ketentuan peraturan perundang-undangan yang berlaku dan kaidah-kaidah tata kelola perusahaan yang baik (*Good Corporate Governance*); melengkapi kajian secara komprehensif; melengkapi semua proses, tahapan dan administrasi; serta dilakukan dengan prinsip kehati-hatian / The Shareholders of the Company provide direction for following up the Plan for the Share Participation by Bio Farma as stated in the Company's 2021 RKAP 2021 to be carried out by the Board of Directors of the Company in accordance with the provisions of the Company's Articles of Association, internal provisions, applicable laws and regulations and the principles of good corporate governance; completing a comprehensive study; completing all processes, stages, and administration; and carried out with the principle of prudence.
4	Persetujuan atas penjajakan pendanaan investasi yang akan dilakukan oleh calon mitra strategis (strategic partner) di PT Pertamina Bina Medika IHC ("Penjajakan Pendanaan Calon Mitra Strategis") sebelum pelaksanaan IPO (Initial Public Offering) / Approval of investment funding exploration by potential strategic partners in PT Pertamina Bina Medika IHC ("Exploration of Funding of Prospective Strategic Partners") prior to the IPO (Initial Public Offering)	1. Pemegang Saham Perseroan memahami Rencana Penjajakan Pendanaan Calon Mitra Strategis sebagaimana dipaparkan oleh Direksi Perseroan dan sebagaimana tertuang di dalam RKAP Perseroan Tahun 2021. / The Shareholders of the Company understand the Plan of Funding Exploration of Prospective Strategic Partners as described by the Company's Board of Directors and as stated in the Company's 2021 RKAP. 2. Pemegang Saham Perseroan memberikan arahan agar dalam menindaklanjuti Rencana Penjajakan Pendanaan Calon Mitra Strategis dilakukan oleh Direksi Perseroan dengan melengkapi kajian secara komprehensif; memenuhi ketentuan peraturan perundang-undangan yang berlaku, ketentuan Anggaran Dasar Perseroan, ketentuan internal dan kaidah-kaidah tata kelola perusahaan yang baik (*Good Corporate Governance*); melengkapi semua proses, tahapan dan administrasi; serta dilakukan dengan prinsip kehati-hatian / The Shareholders of the Company provide direction for following up the Plan of Funding Exploration of Prospective Strategic Partners to be carried out by the Board of Directors of the Company by completing a comprehensive study; complying with the prevailing laws and regulations, the Company's Articles of Association, internal provisions, and the principles of good corporate governance; completing all processes, stages and administration; and carried out with the principle of prudence.

No	Agenda	Keputusan / Resolutions
5	Persetujuan dan pemberian wewenang kepada Direksi PT Pertamina Bina Medika IHC untuk melakukan segala hal yang diperlukan untuk keperluan pelaksanaan keputusan RUPSLB / Approval and grant of authority to the Board of Directors of PT Pertamina Bina Medika IHC to carry out everything necessary for implementing the resolutions of the EGMS	Pemegang Saham Perseroan memberikan kuasa kepada Direksi Perseroan untuk menindaklanjuti keputusan berupa catatan dan arahan Pemegang Saham sebagaimana tertuang dalam Risalah RUPS, termasuk untuk menghadap notaris, menuangkan keputusan berupa catatan dan arahan Pemegang Saham ke dalam suatu akta notaris, menghadap pejabat dan instansi terkait dan melakukan hal-hal lain yang dipandang perlu dengan tetap memenuhi ketentuan Anggaran Dasar Perseroan, ketentuan internal Perseroan, ketentuan peraturan perundang-undangan yang berlaku dan kaidah-kaidah tata kelola perusahaan yang baik (*Good Corporate Governance*) / The Shareholders of the Company authorize the Board of Directors of the Company to follow up resolutions in the form of notes and directions by the Shareholders as stated in the Minutes of the GMS, including to appear before a notary, notarize the resolutions in the form of notes and directions by the Shareholders into a notarial deed, appear before officials and relevant institutions, and perform other actions deemed necessary while complying with the Company's Articles of Association, internal provisions of the Company, applicable laws and regulations, and the principles of good corporate governance

Realisasi Agenda dan Keputusan RUPS di Tahun Sebelumnya

Pada tahun 2020, Perusahaan telah melaksanakan 18 kali RUPS dengan rincian 1 kali RUPS Tahunan dan 17 RUPS Sirkuler. Berikut hasil realisasi atas keputusan kedua jenis RUPS tersebut:

Realization of the Agendas and Resolutions of the GMS in the Previous Year

In 2020, the Company held 18 GMS consist of 1 Annual GMS and 17 Circular GMS. The following is the realization on the resolutions of the aforementioned GMS:

RUPS Tahunan Tahun 2020 / 2020 Annual GMS

Agenda	Keputusan	Realisasi
Persetujuan Laporan Tahunan termasuk pengesahan laporan keuangan Perseroan Tahun Buku 2019 disertai pemberian pelunasan dan pembebasan tanggung jawab sepenuhnya (*volledig acquit et de charge*) kepada Direksi dan Dewan Komisaris Perseroan / Approval of the Annual Report including the ratification of the Company's financial report for the 2019 Fiscal Year accompanied by the provision of full release and discharge of responsibilities (volledig acquit et de charge) to the Company's Board of Directors and Board of Commissioners.	Menyetujui Laporan Tahunan Perseroan untuk tahun buku 2019 serta mengesahkan laporan keuangan Perseroan Tahun Buku yang berakhir 31 Desember 2019 beserta penjelasannya yang telah diaudit oleh Kantor Akuntan Publik Purwantono, Sungkoro & Surja sebagaimana termuat dalam laporan No. 00119/2.1032/AU.1/05/0701-5/1/II/2020 tanggal 20 Februari 2020 dengan pendapat "wajar dalam semua hal yang material". Dengan demikian para Pemegang Saham memberikan pelunasan dan pembebasan sepenuhnya dari tanggung jawab (*volledig acquit et de charge*) kepada Direksi atas tindakan pengurusan dan kepada Dewan Komisaris atas tindakan pengawasan yang telah dijalankan selama tahun buku yang berakhir 31 Desember 2019, sepanjang: / Approving the Company's Annual Report for the 2019 fiscal year and ratifying the Company's financial statements for the fiscal year that ended on December 31, 2019 that have been audited by Purwantono, Sungkoro & Surja Public Accountants Firm as stipulated in report No. 00119/2.1032/AU.1/05/0701-5/1/II/2020 dated February 20, 2020 with the opinion "fair in all material respects". Accordingly, the Shareholders provide full release and discharge from responsibilities (volledig acquit et de charge) to the Board of Directors for management actions and to the Board of Commissioners for the supervisory actions that have been carried out during the fiscal year ended on December 31, 2019, provided that: 1. Tindakan-tindakan tersebut tercermin dalam laporan tahunan Perseroan (termasuk laporan keuangan) tahun buku yang berakhir 31 desember 2019 / These actions are reflected in the Company's annual report (including financial statements) of the fiscal year ended on December 31, 2019 2. Tindakan-tindakan tersebut bukan merupakan tindak pidana dan/atau perbuatan melawan hukum / These actions do not constitute criminal acts and/or acts against the law	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 29 tanggal 15 Juli 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 29 of July 15, 2020
Usulan Penetapan Penggunaan Laba Perseroan Tahun Buku 2019 / Proposal for Determining the Use of the Company's Profits of the 2019 Fiscal Year	Menetapkan penggunaan laba tahun berjalan tahun buku yang berakhir 31 Desember 2019 sebesar Rp45.278.399.928,- sebagai cadangan / Determining the use of profit for the current fiscal year that ended on December 31, 2019 amounted to Rp45,278,399,928, as reserves • Dividen kepada pemegang saham sebesar 0%. Sebesar 100% dari laba tahun berjalan Perseroan sebagai cadangan / Dividend to shareholders at 0%. 100% of the current year profit of the Company is used as reserves	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 29 tanggal 15 Juli 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 29 of July 15, 2020
Usulan Penunjukan Kantor Akuntan Publik (KAP) untuk Audit Laporan Keuangan Tahun Buku 2020 / Proposal of Appointment of a Public Accounting Firm (KAP) to Audit Financial Statements for the 2020 Fiscal Year	Memberikan kuasa dan melimpahkan kewenangan kepada Dewan Komisaris Perseroan untuk menetapkan KAP dalam melakukan pemeriksaan atas Laporan Keuangan Perseroan periode 1 Januari sampai dengan 31 Desember 2020 berikut kewajaran nilai jasanya, sesuai ketentuan dan peraturan yang berlaku, dengan ketentuan bahwa KAP yang ditunjuk Perseroan sama dengan KAP yang ditunjuk oleh PT Pertamina (Persero) / Granting authority and delegating power to the Board of Commissioners of the Company to appoint Public Accounting Firm to conduct audit on the Company's Financial Statements for the period of January 1 to December 31, 2020, along with the fairness of its services, in accordance with prevailing laws and regulations, provided that the Public Accounting Firm appointed by the Company is the same as the one appointed by PT Pertamina (Persero)	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 29 tanggal 15 Juli 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 29 of July 15, 2020

Agenda	Keputusan	Realisasi
Usulan Penetapan Penghargaan Atas Kinerja (Tantiem) kepada Direksi dan Dewan Komisaris Perseroan Tahun Buku 2019 / Proposal for Performance Reward (Tantiem) to the Board of Directors and the Board of Commissioners of the Company of the 2019 Fiscal Year	Penetapan penghargaan atas kinerja (tantiem) Direksi dan Dewan Komisaris Perseroan tahun buku 2019 akan ditentukan kemudian dan akan dilaksanakan dalam RUPS terpisah secara sirkuler / Determining reward performance (tantiem) to the Board of Directors and Board of Commissioners of the Company for 2019 fiscal year that will be determined and implemented later in a separate circular GMS	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC Tentang: / Concerning: Penetapan Penghargaan atas Kinerja Tahunan (Tantiem) Direksi dan Dewan Komisaris Perseroan Tahun Buku 2019 serta Remunerasi Direksi dan Dewan Komisaris Perseroan Tahun Buku 2020 Tanggal : 25 September 2020 / Determination of Annual Performance Incentives (Tantiem) for the Board of Directors and Board of Commissioners of the Company for 2019 Fiscal Year and Remuneration for the Board of Directors and Board of Commissioners of the Company for 2020 Fiscal Year Date: September 25, 2020
Usulan Remunerasi Direksi dan Honorarium Dewan Komisaris Tahun Buku 2020 / Proposal for the Remuneration for the Board of Directors and Honorarium for the Board of Commissioners for the 2020 Fiscal Year	Penetapan remunerasi Direksi dan Dewan Komisaris Perseroan tahun buku 2020 akan ditentukan kemudian dan akan dilaksanakan dalam RUPS terpisah secara sirkuler / Determining remuneration for the Board of Directors and Board of Commissioners of the Company for 2020 fiscal year that will be determined and implemented later in a separate circular GMS	Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Medika IHC / Circular Resolution of Shareholders of PT Pertamina Bina Medika IHC Tentang: / Concerning: Penetapan Remunerasi Direksi dan Dewan Komisaris Tahun 2020 Tanggal : 3 Desember 2020 / Determination of Remuneration for the Board of Directors and Board of Commissioners for 2020 Fiscal Year Date: December 3, 2020

RUPS Sirkuler 2020 — 2020 Circular GMS

No	Keputusan / Resolutions	Realisasi / Realization
1	Pemberhentian Komisaris Utama / Dismissal of President Commissioner	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 10 tanggal 17 Januari 2020 dan telah mendapat pengesahan dari Kementerian Hukum dan HAM No.AHU-0020306.AH.01.11 TAHUN 2020 tanggal 31 Januari 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 10 dated January 17, 2020 and validated by the Ministry of Law and Human Rights No.AHU-0020306.AH.01.11 TAHUN 2020 dated January 31, 2020
2	Rencana Kerja dan Anggaran Perusahaan (RKAP) Tahun 2020 / 2020 Work Plan and Budget (RKAP) of the Company	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 16 tanggal 13 Februari 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 16 dated February 13, 2020
3	Perubahan Anggaran Dasar / Amendment to the Articles of Association	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 24 tanggal 18 Februari 2020 dan telah mendapat pengesahan dari Kementerian Hukum dan HAM No.AHU - 0022118.AH.01.02 TAHUN 2020 tanggal 13 Maret 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 24 dated February 18, 2020 and validated by the Ministry of Law and Human Rights No.AHU - 0022118.AH.01.02 TAHUN 2020 dated March 13, 2020
4	Faktor Perubahan Jabatan Besaran Tunjangan Perumahan Dan Aturan Rangkap Jabatan / Factors for Change of Positions, Amount of Housing Allowance, and Regulations for Concurrent Position	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 21 tanggal 6 April 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 21 dated April 6, 2020
5	Revisi ABI pada RKAP tahun 2020, Persetujuan melakukan penyertaan Modal Perseroan dalam badan Usaha PT RS Pelni, dan Pinjaman Pendanaan terkait Aksi Korporasi Pertamedika IHC / ABI revision in the 2020 RKAP, Approval to make the Company's equity participation in PT RS Pelni, and Funding Loans related to Pertamedika IHC Corporate Action	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 22 tanggal 6 April 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 22 dated April 6, 2020
6	Revisi Kedua ABI dan Revisi ABO pada RKAP Pertamedika IHC dan Penyertaan Modal Pertamina kepada Pertamedika IHC dalam rangka Aksi Tanggap darurat Covid 19 / ABI's Second Revision and ABO Revision on RKAP of Pertamedika IHC and Pertamina's Equity Participation to Pertamedika IHC in the context of COVID-19 emergency response	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 13 tanggal 4 Juni 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 13 dated June 4, 2020
7	Perubahan Anggaran Dasar Modal Dasar Perseroan / Amendment to the Articles of Association of the Company	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 14 tanggal 4 Juni 2020 dan telah mendapat pengesahan dari Kementerian Hukum dan HAM No.AHU -0092048.AH.01.11.TAHUN 2020 tanggal 11 Juni 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 14 dated June 4, 2020 and validated by the Ministry of Law and Human Rights No.AHU-0092048.AH.01.11.TAHUN 2020 dated June 11, 2020
8	Pemberhentian Direksi & Dewan Komisaris, Perubahan Nomenklatur Jabatan, serta Pengangkatan Direksi dan Dewan Komisaris / Dismissal of the Board of Directors & Board of Commissioners, Change in Nomenclature of Position, and Appointment of the Board of Directors and the Board of Commissioners	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 32 tanggal 17 Juli 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 32 dated July 17, 2020
9	Rapat Umum Pemegang Saham Tahunan Tahun Buku 2019 / 2019 Fiscal Year Annual General Meeting of Shareholders	Telah diaktakan oleh Notaris Adi Triharso, SH dengan Akta No. 29 tanggal 15 Juli 2020 / Notarized by Notary Adi Triharso, SH in Deed No. 29 dated July 15, 2020
10	Perubahan Anggaran Dasar / Amendment to the Articles of Association	Telah diaktakan oleh Notaris Aulia Taufani, SH dengan Akta No. 42 tanggal 7 Agustus 2020 dan telah mendapat pengesahan dari Kementerian Hukum dan HAM No.AHU-0130657.AH.01.11 TAHUN 2020 tanggal 10 Agustus 2020 / Notarized by Notary Aulia Taufani, SH in Deed No. 42 dated August 7, 2020 and validated by the Ministry of Law and Human Rights No.AHU-0130657.AH.01.11 TAHUN 2020 dated August 10, 2020

No	Keputusan / Resolutions	Realisasi / Realization
11	Aksi Korporasi Holding RS BUMN Fase II & Penambahan Modal Perseroan / Corporate Action of Phase II of SOE Hospital Holding & the Company's Additional Capital	Telah diaktakan oleh Notaris Aulia Taufani, SH dengan Akta No. 42 tanggal 7 Agustus 2020 dan telah mendapat pengesahan dari Kementerian Hukum dan HAM No.AHU-0130657.AH.01.11 TAHUN 2020 tanggal 10 Agustus 2020 / Notarized by Notary Aulia Taufani, SH in Deed No. 42 dated August 7, 2020 and validated by the Ministry of Law and Human Rights No. AHU-0130657.AH.01.11 TAHUN 2020 dated August 10, 2020
12	Persetujuan Pengeluaran Saham Baru PT Pertamina Bina Medika Aksi Korporasi Holding RS BUMN Fase II / Approval of the Issuance of New Shares of PT Pertamina Bina Medika for the Phase II of SOE Hospital Holding	Telah diaktakan oleh Notaris Aulia Taufani, SH dengan Akta No. 42 tanggal 7 Agustus 2020 dan telah mendapat pengesahan dari Kementerian Hukum dan HAM No.AHU-0130657.AH.01.11 TAHUN 2020 tanggal 10 Agustus 2020 / Notarized by Notary Aulia Taufani, SH in Deed No. 42 dated August 7, 2020 and validated by the Ministry of Law and Human Rights No. AHU-0130657.AH.01.11 TAHUN 2020 dated August 10, 2020
13	Penetapan Penghargaan atas Kinerja Tahunan (Tantiem) Direksi dan Dewan Komisaris Perseroan Tahun Buku 2019 serta Remunerasi Direksi dan Dewan Komisaris Perseroan Tahun Buku 2020 / Determination of reward performance (tantiem) to the Board of Directors and Board of Commissioners of the Company for 2019 Fiscal Year and Remuneration of the Board of Directors and Board of Commissioners of the Company for 2020 Fiscal Year	Telah diaktakan oleh Notaris Adi Triharso / Notarized by Notary Adi Triharso
14	Penempatan Wakil Perseroan sebagai Anggota Dewan Komisaris PT Rumah Sakit Pelabuhan / Placement of the Company's Representative as Member of the Board of Commissioners of PT Rumah Sakit Pelabuhan	Telah diaktakan oleh Notaris Adi Triharso / Notarized by Notary Adi Triharso
15	Penetapan Remunerasi Direksi dan Dewan Komisaris Tahun 2020 / Determination of Remuneration for the Board of Directors and Board of Commissioners in 2020	Telah diaktakan oleh Notaris Adi Triharso / Notarized by Notary Adi Triharso
16	Revisi RKAP Tahun 2020 / 2020 RKAP Revision	Telah diaktakan oleh Notaris Adi Triharso / Notarized by Notary Adi Triharso
17	Penempatan Wakil Perseroan sebagai Anggota Dewan Komisaris PT Rumah Pelabuhan / Determination of Remuneration for the Board of Directors and Board of Commissioners in 2020	Telah diaktakan oleh Notaris Adi Triharso / Notarized by Notary Adi Triharso

DEWAN KOMISARIS

Dewan Komisaris adalah salah satu organ Perseroan yang bertugas melakukan pengawasan secara umum dan/atau khusus sesuai Anggaran Dasar serta memberikan nasihat kepada Direksi dalam menjalankan kegiatan pengurusan Perusahaan. Dewan Komisaris juga memiliki tugas untuk melakukan pemantauan terhadap efektivitas praktik *Good Corporate Governance* yang diterapkan Perseroan.

Pedoman Kerja Dewan Komisaris

Pedoman Kerja Dewan Komisaris mengacu kepada *Board Manual* yang telah ditandatangani dalam Pernyataan Komitmen Bersama Direksi dengan Dewan Komisaris PT Pertamina Bina Medika IHC pada 29 November 2019. Adapun isi pedoman kerja Dewan Komisaris dalam *Board Manual* adalah sebagai berikut:

- Fungsi Dewan Komisaris;
- Persyaratan, Komposisi dan Masa Jabatan Dewan Komisaris;
- Tugas, Wewenang dan Kewajiban Dewan Komisaris;
- Hak Dewan Komisaris;
- Hubungan Kerja antar Anggota Dewan Komisaris;
- Rapat Komisaris;
- Evaluasi Kinerja Dewan Komisaris;
- Organ Pendukung Komisaris;
- Etika Jabatan Dewan Komisaris;

BOARD OF COMMISSIONERS

The Board of Commissioners is one of the organs of the Company which is tasked with conducting general and/or specific supervision in accordance with the Articles of Association as well as providing advice to the Board of Directors in carrying out management activities of the Company. The Board of Commissioners also has a duty to monitor the effectiveness of Good Corporate Governance practices implemented by the Company.

Board of Commissioners Manual

Work guidelines of the Board of Commissioners refer to the Board Manual signed in the Joint Commitment Statement of the Board of Directors and the Board of Commissioners of PT Pertamina Bina Medika IHC on November 29, 2019. The contents of the work guidelines for the Board of Commissioners in the Board Manual are as follows:

- Functions of the Board of Commissioners;
- Requirements, Composition, and Tenure of the Board of Commissioners,
- Duties, Authorities, and Obligations of the Board of Commissioners;
- Rights of the Board of Commissioners;
- Work Relations between the Board of Commissioners Members;
- Meeting of the Board of Commissioners;
- Performance Evaluation of the Board of Commissioners;
- Supporting Organs of the Board of Commissioners;
- Position Ethics of the Board of Commissioners;

- Program Pengenalan dan Peningkatan Kapabilitas;
- Hubungan Kerja antara Dewan Komisaris dengan Direksi.

Tugas, Wewenang, dan Kewajiban Dewan Komisaris

Dewan Komisaris bertugas melakukan pengawasan terhadap kebijakan pengurusan, jalannya pengurusan pada umumnya baik mengenai Perseroan maupun usaha Perseroan yang dilakukan oleh Direksi serta memberikan nasihat kepada Direksi termasuk pengawasan terhadap pelaksanaan RJPP, RKAP serta ketentuan Anggaran Dasar dan Keputusan RUPS, serta peraturan perundang-undangan yang berlaku, untuk kepentingan Perseroan dan sesuai dengan maksud dan tujuan Perseroan.

Kewajiban Dewan Komisaris

Dalam melaksanakan tugasnya tersebut setiap anggota Dewan Komisaris berkewajiban untuk:

a. Mematuhi Anggaran Dasar dan peraturan perundang-undangan serta prinsip-prinsip profesionalisme, efisiensi, transparansi, kemandirian, akuntabilitas, pertanggungjawaban, serta kewajaran.
b. Beritikad baik, penuh kehati-hatian dan bertanggung jawab kepada Perseroan dalam hal ini diwakili oleh RUPS dalam menjalankan tugas pengawasan dan pemberian nasihat kepada Direksi untuk kepentingan Perseroan dan sesuai dengan maksud dan tujuan Perseroan; dan
c. Dilarang melakukan transaksi yang mempunyai benturan kepentingan dan mengambil kepentingan Perseroan selain honorarium dan fasilitas yang ditentukan oleh RUPS.
d. Memberikan pendapat dan saran kepada RUPS mengenai RJPP dan RKAP yang diusulkan Direksi
e. Mengikuti perkembangan kegiatan Perseroan, memberikan pendapat dan saran kepada RUPS mengenai setiap masalah yang dianggap penting bagi kepengurusan Perseroan.
f. Melaporkan dengan segera kepada RUPS apabila terjadi gejala menurunnya kinerja Perseroan.
g. Meneliti dan menelaah laporan berkala dan laporan tahunan yang disiapkan Direksi serta menandatangani laporan tahunan.
h. Membentuk komite audit.
i. Memberikan nasihat kepada Direksi dalam melaksanakan kepengurusan Perseroan dan tidak dimaksudkan untuk kepentingan pihak/golongan tertentu.
j. Menyusun pembagian tugas antar anggota Dewan Komisaris.
k. Meneliti dan menelaah serta menandatangani rencana jangka panjang Perseroan dan rencana kerja dan anggaran Perseroan yang disiapkan Direksi sesuai ketentuan Anggaran Dasar Perseroan.

- Orientation and Capability Improvement Program;
- Work Relations between the Board of Commissioners and Board of Directors.

Duties, Authorities, and Obligations of the Board of Commissioners

The Board of Commissioners is in charge of supervising management policies, general management of the Company and its business carried out by the Board of Directors as well as providing advice to the Board of Directors including supervision of the implementation of RJPP, RKAP as well as provisions of the Articles of Association and GMS Resolutions, as well as prevailing laws and regulations, for the benefit of the Company and in accordance with the intentions and objectives of the Company.

Obligations of the Board of Commissioners

In carrying out these duties, each member of the Board of Commissioners is obliged to:

a. Comply with the Articles of Association and laws and regulations as well as the principles of professionalism, efficiency, transparency, independence, accountability, responsibility, and fairness.
b. Have good intentions, be full of prudence and be accountable to the Company, in this case represented by the GMS in carrying out supervisory duties and providing advice to the Board of Directors for the benefit of the Company and in accordance with the aims and objectives of the Company;
c. Be prohibited from carrying transactions that have conflict of interest and take the Company's interest aside from honorarium and facilities determined by the GMS.
d. Provide opinions and suggestions to the GMS regarding RJPP and RKAP proposed by the Board of Directors
e. Follow the development of the Company's activities, provide opinions and suggestions to the GMS for every issue deemed important for the Company's management.
f. Report immediately to the GMS for any symptoms of the Company's performance decline.
g. Study and review periodic reports and annual reports prepared by the Board of Directors as well as sign the Annual Report.
h. Establish an audit committee.
i. Provide counsels to the Board of Directors in managing the Company and it is not intended for the benefit of certain parties/groups.
j. Prepare division of duties between members of the Board of Commissioners.
k. Study and review as well as sign the Company's long-term plan as well as work plan and budget prepared by the Board of Directors pursuant to Articles of Association of the Company.

l. Menyusun rencana kerja dan anggaran tahunan Dewan Komisaris dan dimasukkan dalam rencana kerja dan anggaran Perseroan.
m. Melaporkan kepada Perseroan mengenai kepemilikan sahamnya dan/atau keluarganya pada Perseroan yang bersangkutan dan Perseroan lain, termasuk setiap perubahannya
n. Mengusulkan kepada Rapat Umum Pemegang Saham (RUPS) penunjukan Auditor Eksternal yang akan melakukan pemeriksaan atas buku-buku Perseroan.
o. Memantau efektivitas praktik *Good Corporate Governance* antara lain dengan mengadakan pertemuan berkala antara Dewan Komisaris dengan Direksi untuk membahas implementasi *Good Corporate Governance*.
p. Melaksanakan kewajiban lainnya dalam rangka tugas pengawasan dan pemberian nasihat, sepanjang tidak bertentangan dengan peraturan perundang-undangan, Anggaran Dasar dan/atau keputusan RUPS.
q. Mematuhi ketentuan-ketentuan lain yang berlaku di induk perusahaan Perseroan dan dinyatakan berlaku bagi Perseroan dan/atau ketentuan-ketentuan lain yang ditetapkan dan disetujui oleh RUPS.

Tugas dan Kewajiban Dewan Komisaris

Dikelompokkan berdasarkan hal-hal berikut:

a. Tugas dan Kewajiban terkait Pemegang Saham.
b. Tugas dan Kewajiban terkait Fungsi Pengawasan.
c. Tugas dan Kewajiban terkait Pencalonan Anggota Direksi (Nominasi) dan Remunerasi.
d. Tugas dan Kewajiban terkait Evaluasi Kinerja Dewan Komisaris dan Direksi.
e. Tugas dan Kewajiban terkait Pengawasan Penerapan Manajemen Risiko.
f. Tugas dan Kewajiban terkait Sistem Pengendalian Internal.
g. Tugas dan Kewajiban terkait Etika Berusaha dan Anti Korupsi.
h. Tugas dan Kewajiban terkait Keterbukaan dan Kerahasiaan Informasi.

Wewenang Dewan Komisaris

Dewan Komisaris memiliki wewenang untuk:

1. Memperoleh akses yang cukup atas informasi Perseroan dalam hal ini melihat buku-buku, surat-surat, serta dokumen-dokumen lainnya, memeriksa kas untuk keperluan verifikasi dan lain-lain surat berharga serta memeriksa kekayaan Perseroan.
2. Memasuki pekarangan, gedung dan kantor yang dipergunakan oleh Perseroan.

l. Prepare annual work plan and budget of the Board of Commissioners to be included in the Company's work plan and budget.
m. Report to the Company regarding their and/or their family share ownership on the Company and other related company, including the changes.
n. Propose to the General Meeting of Shareholders (GMS) the appointment of External Auditor that will audit the Company.
o. Monitor the effectiveness of Good Corporate Governance practices, among others by holding regular meetings between the Board of Commissioners and the Board of Directors to discuss implementation of Good Corporate Governance.
p. Carry out other obligations in the context of supervisory and advisory duties, provided that it does not conflict with laws and regulations, the Articles of Association and/or the resolutions of the GMS.
q. Comply with other provisions that apply in the parent company of the Company and are declared applicable to the Company and/or other provisions stipulated and approved by the GMS.

Duties and Obligations of the Board of Commissioners

Duties of the Board of Commissioners are grouped as follows:

a. Duties and Obligations related to Shareholders.
b. Duties and Obligations related to the Supervisory Function.
c. Duties and Obligations related to Nomination and Remuneration of Members of the Board of Directors.
d. Duties and Obligations related to the Performance Evaluation of the Board of Commissioners and Directors.
e. Duties and Obligations related to Supervision of Risk Management Implementation.
f. Duties and Obligations related to the Internal Control System.
g. Duties and Obligations related to Business Ethics and Anti-Corruption.
h. Duties and Obligations related to Information Disclosure and Confidentiality.

Authorities of the Board of Commissioners

The Board of Commissioners has the authorities to:

1. Obtain sufficient access to Company information, such as viewing statements, letters and other documents, check cash for verification purposes and other securities as well as examine the Company's assets.
2. Enter the premises, buildings and offices used by the Company.

3. Meminta penjelasan dari Direksi dan/atau pejabat lainnya mengenai segala persoalan yang menyangkut pengelolaan Perseroan.
4. Mengetahui segala kebijakan dan tindakan yang telah dan akan dijalankan oleh Direksi.
5. Meminta Direksi dan/atau pejabat lainnya di bawah Direksi dengan sepengetahuan Direksi untuk menghadiri rapat Dewan Komisaris.
6. Mengangkat Sekretaris Dewan Komisaris, jika dianggap perlu.
7. Memberhentikan sementara Anggota Direksi sesuai dengan ketentuan Perseroan Terbatas.
8. Membentuk komite-komite lain selain komite audit, jika dianggap perlu dengan memperhatikan kemampuan Perseroan.
9. Menggunakan tenaga ahli untuk hal tertentu dan dalam jangka waktu tertentu atas beban Perseroan, jika dianggap perlu.
10. Melakukan tindakan pengurusan Perseroan dalam keadaan tertentu untuk jangka waktu tertentu sesuai dengan ketentuan Anggaran Dasar.
11. Menghadiri rapat Direksi dan memberikan pandangan-pandangan terhadap hal-hal yang dibicarakan.
12. Melaksanakan kewenangan pengawasan lainnya sepanjang tidak bertentangan dengan peraturan perundang-undangan, Anggaran Dasar dan/atau keputusan RUPS.
13. Memberikan persetujuan tertulis atas usulan/perbuatan Direksi, yaitu:
    a. Menerima pinjaman jangka pendek kecuali pinjaman dari Pemegang Saham mayoritas.
    b. Memberikan pinjaman jangka pendek.
    c. Mengagunkan aktiva tetap yang diperlukan dalam melaksanakan penarikan kredit jangka pendek.
    d. Melepaskan dan menghapuskan aktiva tetap bergerak dengan umum ekonomis yang lazim berlaku dalam industri pada umumnya sampai dengan 5 (lima) tahun.
    e. Menghapuskan dari pembukuan terhadap piutang macet dan persediaan barang mati.
    f. Mengadakan kerja sama lisensi, kontrak manajemen, menyewakan aset, kerja sama operasi dan perjanjian kerja sama lainnya yang dalam bidang usaha Perseroan sesuai ketentuan Anggaran Dasar yang melebihi nilai tertentu yang ditetapkan oleh Dewan Komisaris.
    g. Mengadakan kerja sama lisensi, kontrak manajemen, menyewakan aset, kerja sama operasi dan perjanjian kerja sama lainnya yang tidak dalam bidang usaha Perseroan sesuai ketentuan Anggaran Dasar untuk jangka waktu tidak lebih dari 1 (satu) tahun atau yang melebihi nilai tertentu yang ditetapkan oleh Dewan Komisaris.

3. Request an explanation from the Board of Directors and/or other officers regarding all issues related to the management of the Company.
4. Understand all policies and actions that have been and will be carried out by the Board of Directors.
5. Request the Board of Directors and/or other officers under the Board of Directors with the knowledge of the Board of Directors to attend the meeting of the Board of Commissioners.
6. Appoint the Secretary of the Board of Commissioners, if necessary.
7. Suspend members of the Board of Directors in accordance with the provisions of a Limited Liability Company.
8. Establish committees other than the audit committee, if necessary, by taking into account the Company's capabilities.
9. Use experts for certain matters and within a certain period at the expense of the Company, if necessary.
10. Carry out management actions of the Company in certain circumstances for a certain period of time in accordance with the provisions of the Articles of Association.
11. Attend the Board of Directors meetings and provide views on matters being discussed.
12. Carry out other supervisory powers provided that they are not against the laws and regulations, the Articles of Association and/or the resolutions of the GMS.
13. Provide written approval of the proposals/actions of the Board of Directors, namely:
    a. Receiving short-term loans except loans from majority shareholders.
    b. Providing short-term loans.
    c. Collateralizing fixed assets which are required to make short-term credit drawdowns.
    d. Releasing and writing off movable fixed assets with general economics which is common in industry in general for up to 5 (five) years.
    e. Writing off bad debts and inanimate goods inventory.
    f. Entering into licensing cooperation, management contracts, asset leasing, operational cooperation and other cooperation agreements in the line of business of the Company in accordance with the provisions of the Articles of Association which exceed a certain value as determined by the Board of Commissioners.
    g. Entering into licensing cooperation, management contracts, asset leasing, operational cooperation and other cooperation agreements which are not in the line of business of the Company in accordance with the provisions of the Articles of Association for a period of not more than 1 (one) year or exceeding a certain value as determined by the Board of Commissioners.

h. Menetapkan dan menyesuaikan struktur organisasi sampai dengan 1 (satu) tingkat di bawah Direksi.
i. Pengalihan anggaran investasi yang telah ditetapkan dalam rencana kerja dan anggaran Perseroan, sepanjang tidak mengubah rencana kerja dan nilainya tidak melebihi total anggaran investasi dalam rencana kerja dan anggaran Perseroan.
j. Perubahan penggunaan anggaran investasi yang telah ditetapkan dalam rencana kerja dan anggaran Perseroan dan yang nilainya tidak melebihi 10 % (sepuluh persen) dari total rencana kerja dan anggaran Perseroan.

14. Memberikan rekomendasi tertulis atas usulan/perbuatan Direksi, yaitu:
    a. Menerima pinjaman jangka pendek dengan jumlah tertentu sama dengan atau di atas batasan nilai sebagaimana dimaksud dalam Anggaran Dasar Perseroan Pasal 12 ayat 7 huruf p, dan pinjaman jangka menengah/panjang dari Bank atau Lembaga keuangan lain.
    b. Memberikan pinjaman jangka pendek dengan jumlah tertentu sama dengan atau di atas Batasan nilai sebagaimana dimaksud dalam Anggaran Dasar Perseroan Pasal 12 ayat 7 huruf p.
    c. Memberikan pinjaman jangka menengah/panjang.
    d. Mengagunkan aktiva tetap yang diperlukan dalam melaksanakan penerimaan pinjaman sebagaimana dimaksud dalam Anggaran Dasar Perseroan Pasal 12 ayat 7 huruf a.
    e. Melepaskan dan menghapuskan aktiva tetap bergerak dengan umum ekonomis yang lazim berlaku dalam industri pada umumnya lebih dari 5 (lima) tahun.
    f. Melepaskan dan menghapuskan aktiva tetap tidak bergerak.
    g. Menghapuskan dari pembukuan terhadap piutang macet dan barang mati dengan jumlah tertentu sama dengan atau di atas batasan nilai sebagaimana dimaksud dalam Anggaran Dasar Perseroan Pasal 12 ayat 7 huruf p.
    h. Mengadakan kerja sama lisensi, kontrak manajemen, menyewakan aset, kerja sama operasi dan perjanjian kerja sama lainnya yang tidak dalam bidang usaha Perseroan sesuai ketentuan Anggaran Dasar untuk jangka waktu lebih dari 1 (satu) tahun atau yang sama dengan atau melebihi nilai sebagaimana dimaksud dalam Pasal 12 ayat 7 huruf p.
    i. Mengadakan kerja sama Bangun Guna Serah (*Build Operate and Transfer*/BOT), Bangun Guna Milik (*Build, Operate and Owned*/BOO) atau Bangun Sewa Serah (*Build, Rent and Transfer*/BRT).
    j. Melakukan penyertaan modal Perseroan dalam badan usaha lainnya.
    k. Melepaskan sebagian atau seluruhnya penyertaan modal Perseroan dalam badan usaha lainnya.

h. Establishing and adjusting the organizational structure up to 1 (one) level below the Board of Directors.
i. Transferring the investment budget that has been stipulated in the work plan and budget of the Company, as long as it does not change the work plan and the value does not exceed the total investment budget in the work plan and budget of the Company.
j. Changing the use of the investment budget that have been stipulated in the work plan and budget of the Company and with value that does not exceed 10% (ten percent) of the total work plan and budget of the Company.

14. Provide written recommendation for proposal/action of the Board of Directors, namely:
    a. Receiving short-term loans with a certain amount equal to or above the value limit as referred to in the Company's Articles of Association Article 12 paragraph 7 letter p, and medium/long term loans from Banks or other financial institutions.
    b. Providing short-term loans with a certain amount equal to or above the value limit as referred to in the Company's Articles of Association Article 12 paragraph 7 letter p.
    c. Providing medium/long term loans.
    d. Collateralizing the fixed assets needed to receive the loan as referred to in the Company's Articles of Association Article 12 paragraph 7 letter a.
    e. Releasing and writing off movable fixed assets with general economics which is common in industry generally for more than 5 (five) years.
    f. Releasing and writing off immovable fixed assets.
    g. Writing off bad debt and immovable goods from inventory of a certain amount equal to or above the value limit as referred to in the Articles of Association of the Company Article 12 paragraph 7 letter p.
    h. Entering into licensing cooperation, management contracts, asset leasing, operational cooperation and other cooperation agreements which are not in the Company's line of business in accordance with the provisions of the Articles of Association for a period of more than 1 (one) year or equal to or exceeding the value as referred to in Article 12 verse 7 letter p.
    i. Entering into Build Operate and Transfer (BOT), Build, Operate and Owned (BOO) or Build, Rent and Transfer (BRT) cooperation.
    j. Conducting equity participation of the Company in other business entities.
    k. Releasing part or all of the Company's equity participation in other business entities.

l. Mendirikan anak perusahaan dan/atau perusahaan patungan.
m. Melakukan penggabungan, peleburan, pengambilalihan, pemisahan dan pembubaran anak perusahaan atau perusahaan patungan.
n. Mengikat Perseroan sebagai penjamin (*borg* atau *avalist*).
o. Menempatkan wakil Perseroan untuk menjadi calon anggota Direksi dan Dewan Komisaris pada anak perusahaan patungan.

l. Establishing subsidiaries and/or joint ventures.
m. Carrying out a merger, consolidation, acquisition, separation and dissolution of a subsidiary or joint venture company.
n. Binding the Company as guarantor (borg or avalist).
o. Assigning the Company's representatives to become candidates for the Board of Directors and Board of Commissioners in a joint venture subsidiary.

Pengangkatan dan Pemberhentian

Berdasarkan ketentuan dalam pedoman kerjanya, anggota Dewan Komisaris diangkat dan diberhentikan oleh RUPS. Masa jabatan Dewan Komisaris ditetapkan 3 (tiga) tahun dan dapat diangkat kembali 1 (satu) kali masa jabatan. Jabatan anggota Dewan Komisaris akan berakhir apabila:

1) Meninggal dunia;
2) Masa jabatan berakhir;
3) Kehilangan Kewarganegaraan Indonesia;
4) Mengundurkan diri;
5) Diberhentikan berdasarkan keputusan RUPS dengan alasan yang telah disepakati dalam pedoman kerja.

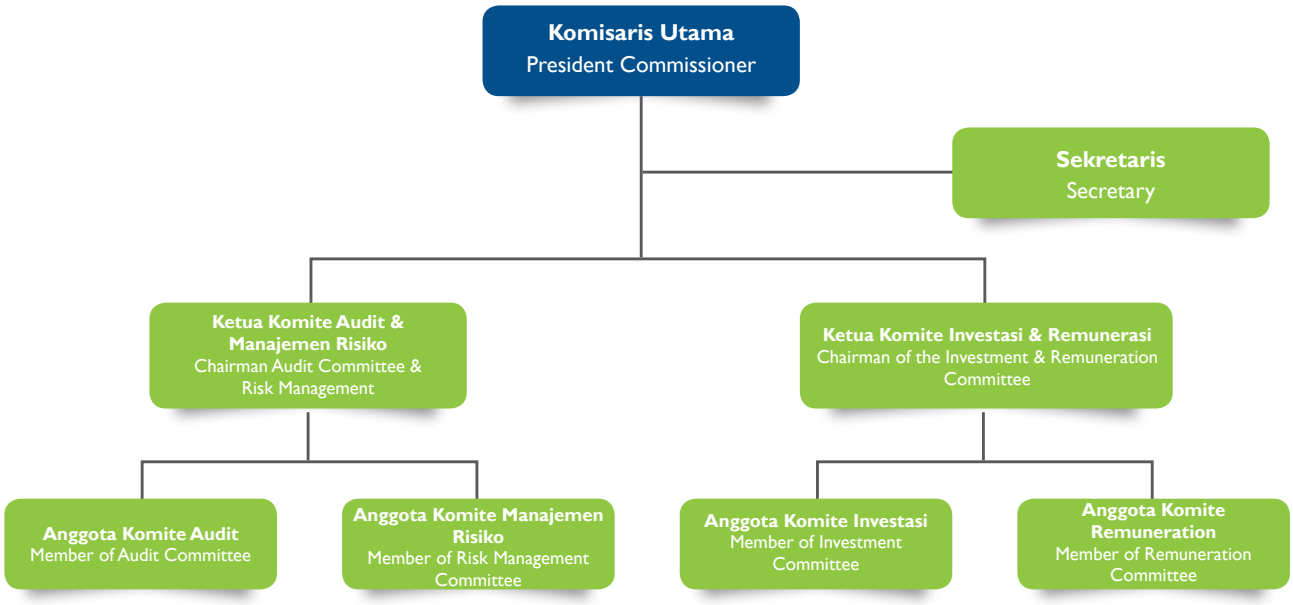
Appointment and Dismissal

Based on the provisions in the Board Manual, members of the Board of Commissioners are appointed and terminated by the GMS. The term of office of the Board of Commissioners is set for 3 (three) years and can be reappointed for 1 (one) term of office. The position of a member of the Board of Commissioners will end if:

1) Passed away;
2) The term of office ends;
3) Loss of Indonesian Citizenship;
4) Resigned;
5) Dismissed based on the resolution of the GMS for the reasons agreed in the Board Manual.

Struktur Organisasi Dewan Komisaris

Board of Commissioners Organizational Structure



Komposisi Dewan Komisaris Tahun 2021

Board of Commissioners Composition in 2021

No	Nama / Name	Jabatan / Position	Masa Jabatan / Tenure	RUPS Penunjukan / GMS Appointment	RUPS Pemberhentian / GMS Dismissal
1	Farid Harianto	Komisaris Utama / President Commissioner	24 Juni 2020 – sekarang (Periode Pertama) / June 24, 2020 – today (First Period)	RUPS Sirkuler PT Pertamina Bina Medika IHC 24 Juni 2020 / Circular GMS of PT Pertamina Bina Medika IHC on June 24, 2020	-
2	Dante Saksono Harbuwono	Komisaris Independen / Independent Commissioner	24 Juni 2020 – sekarang (Periode Pertama) / June 24, 2020 – today (First Period)	RUPS Sirkuler PT Pertamina Bina Medika IHC 24 Juni 2020 / Circular GMS of PT Pertamina Bina Medika IHC on June 24, 2020	-
3	Henry Hendrawan	Komisaris / Commissioner	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 – today (First Period	RUPS Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular GMS of PT Pertamina Bina Medika IHC on June 9, 2021	-
4	Iman Rachman	Komisaris / Commissioner	9 Juni 2021 - Sekarang (Periode Pertama) / June 9, 2021 – today (First Period	RUPS Sirkuler PT Pertamina Bina Medika IHC tanggal 9 Juni 2021 / Circular GMS of PT Pertamina Bina Medika IHC on June 9, 2021	-

Program Pengenalan Dewan Komisaris

Program pengenalan bagi Anggota Dewan Komisaris yang baru diberikan oleh Perseroan karena latar belakang Anggota Dewan Komisaris yang merupakan representasi dari Pemegang Saham. Tujuan program pengenalan adalah agar para Anggota Dewan Komisaris dapat saling mengenal dan menjalin kerja sama sebagai satu tim yang *solid*, komprehensif dan efektif. Ketentuan tentang program pengenalan meliputi hal-hal sebagai berikut:

a. Untuk anggota Dewan Komisaris yang baru diangkat, wajib diberikan program pengenalan mengenai kondisi Perseroan secara umum.
b. Program pengenalan dilaksanakan paling lambat 30 (tiga puluh) hari setelah pengangkatan Dewan Komisaris.
c. Penanggung jawab program pengenalan adalah Sekretaris Perseroan atau pejabat yang menjalankan fungsi sebagai Sekretaris Perseroan.
d. Program pengenalan meliputi:
   1) Pelaksanaan prinsip-prinsip *Good Corporate Governance* di Perseroan.
   2) Keterangan mengenai tugas dan tanggung jawab Dewan Komisaris dan Direksi serta hal lain yang tidak diperbolehkan.
   3) Gambaran mengenai Perseroan berkaitan dengan tujuan, sifat, dan lingkup kegiatan, kinerja keuangan dan operasi, strategi, rencana usaha jangka pendek dan jangka panjang, risiko, pengendalian internal dan masalah-masalah strategis lainnya.
   4) Keterangan berkaitan dengan kewenangan yang didelegasikan, audit Internal dan eksternal, sistem dan kebijakan pengendalian Internal serta Komite Audit.
   5) Program pengenalan dapat berupa presentasi, pertemuan, kunjungan ke fasilitas Perseroan, kunjungan ke kantor-kantor cabang, pengkajian dokumen Pers.

Orientation Program of the Board of Commissioners

Orientation program for new Members of the Board of Commissioners is given by the Company because of the background of the members of the Board of Commissioners who are representatives of the Shareholders. The aim of the orientation program is so that the Members of the Board of Commissioners can get to know each other and build cooperation as a solid, comprehensive and effective team. The provisions regarding the orientation program include the following:

a. Newly appointed members of the Board of Commissioners must be given an orientation program regarding the condition of the Company in general.
b. Orientation program is carried out no later than 30 (thirty) days after the appointment of the Board of Commissioners.
c. Person-in-charge for the orientation program is the Corporate Secretary or an official who carries out the function as the Corporate Secretary.
d. Orientation program includes:
   1) Implementation of Good Corporate Governance principles in the Company.
   2) Information regarding the duties and responsibilities of the Board of Commissioners and Board of Directors as well as other matters that are not allowed.
   3) Description of the Company in relation to the objectives, nature and scope of activities, financial and operational performance, strategy, short-term and long-term business plans, risks, internal control, and other strategic issues.
   4) Information relating to delegated authority, internal and external audits, internal control systems and policies as well as the Audit Committee.
   5) Orientation program may take the form of presentations, meetings, visits to the Company's facilities, visits to branch offices, and reviews of Press documents.

KOMISARIS INDEPENDEN

Komisaris Independen merupakan anggota Dewan Komisaris dengan kriteria sebagai berikut:

1. Tidak menjabat sebagai Direksi di perusahaan yang terafiliasi dengan PT Pertamina Bina Medika IHC;
2. Tidak bekerja pada pemerintah termasuk di departemen, lembaga dan kemiliteran dalam kurun waktu tiga tahun terakhir;
3. Tidak bekerja di perusahaan yang berafiliasi dengan PT Pertamina Bina Medika IHC dalam kurun waktu tiga tahun terakhir;
4. Tidak mempunyai keterkaitan finansial, baik langsung maupun tidak langsung dengan PT Pertamina Bina Medika IHC atau perusahaan yang menyediakan jasa dan produk kepada PT Pertamina Bina Medika IHC dan afiliasinya;
5. Bebas dari kepentingan dan aktivitas bisnis atau hubungan lain yang dapat menghalangi atau mengganggu kemampuan Anggota Komisaris Independen yang berasal dari kalangan di luar PT Pertamina Bina Medika IHC untuk bertindak atau berpikir secara bebas di lingkup PT Pertamina Bina Medika IHC.

Sekurang-kurangnya 20% (dua puluh persen) dari Anggota Dewan Komisaris harus berasal dari kalangan luar perusahaan (Komisaris Independen). Sesuai dengan Pedoman Pengelolaan Anak Perusahaan dan Perusahaan Patungan Pertamina, yang menjadi acuan seluruh Anak Perusahaan dalam menyelenggarakan kegiatan Perusahaan, Pemegang Saham dapat mengangkat anggota Komisaris Independen dengan mempertimbangkan integritas dan kompetensi yang bersangkutan.

Pengusulan calon Komisaris yang berasal dari luar Pertamina oleh Direksi Pertamina selaku Pemegang Saham, harus sesuai dengan peraturan dan ketentuan mengenai pengusulan dan pengangkatan Dewan Komisaris Anak Perusahaan/ Perusahaan Patungan yang berlaku di Pertamina.

Pada tahun 2021, posisi Komisaris Independen Pertamedika IHC dijabat oleh + Bapak Dante Saksono Harbuwono yang diangkat berdasarkan RUPS Sirkuler Perseroan pada 24 Juni 2020.

INDEPENDENT COMMISSIONER

Independent Commissioner is a member of the Board of Commissioners with the following criteria:

1. Not serving as a Director in a company affiliated with PT Pertamina Bina Medika IHC;
2. Has not worked for the government, including in ministries, institutions, and the military in the last three years;
3. Has not worked for a company affiliated with PT Pertamina Bina Medika IHC in the last three years;
4. Has no financial relationship, either directly or indirectly, with PT Pertamina Bina Medika IHC or companies that provide services and products to PT Pertamina Bina Medika IHC and its affiliates;
5. Free from interests and business activities or other relationships that may obstruct or interfere with the ability of Independent Commissioner Members from circles outside of PT Pertamina Bina Medika IHC to act or think freely within the scope of PT Pertamina Bina Medika IHC.

At least 20% (twenty percent) of the members of the Board of Commissioners must come from outside of the Company (Independent Commissioners). In accordance with the Guidelines for the Management of Pertamina's Subsidiaries and Joint Venture Companies, which are the reference for all Subsidiaries in carrying out the Company's activities, Shareholders can appoint Independent Commissioners by considering the integrity and competence concerned.

Proposal of the Commissioner candidates from outside Pertamina by Pertamina's Board of Directors as Shareholders must comply with the rules and regulations concerning the proposal and appointment of the Board of Commissioners of Subsidiaries/Joint Ventures applicable to Pertamina.

In 2021, the position of Independent Commissioner for Pertamedika IHC was assumed by Mr. Dante Saksono Harbuwono who was appointed based on the Company's Circular GMS on June 24, 2020.

Keberagaman Komposisi Dewan Komisaris

Perseroan memandang bahwa keberagaman latar belakang pengalaman dan pendidikan anggota Dewan Komisaris merupakan landasan yang kuat bagi pencapaian kinerja perusahaan yang optimal, baik pencapaian finansial maupun non-finansial. Aspek keberagaman dalam komposisi Dewan Komisaris dapat dilihat dari beberapa unsur yang dimiliki oleh para anggota Dewan Komisaris yang meliputi independensi, keahlian/pendidikan, pengalaman kerja, dan usia.

Composition Diversity of the Board of Commissioners

The Company views that the diversity of experience and educational backgrounds of the members of the Board of Commissioners is a strong foundation for achieving both financial and non-financial optimal performance. The diversity aspect in the composition of the Board of Commissioners can be seen from several elements possessed by the members of the Board of Commissioners which include independence, expertise/education, work experience, and age.

Nama / Name	Jabatan / Position	Pendidikan dan Riwayat Pekerjaan Terakhir / Recent Education and Job Experience	Usia / Age	Keahlian / Expertise
Farid Harianto	Komisaris Utama / President Commissioner	S3 *Wharton School/University of Pennsylvania*, Amerika Serikat (1989)	69 tahun / years old	Ekonomi Keuangan / Economy Finance
Dante Saksono Harbuwono	Komisaris Independen / Independent Commissioner	S-3 *Doctor of Philosophy* dari *University of Yamanashi*, Jepang (2008)	48 tahun / years old	Kesehatan dan Manajemen Strategis / Health and Strategic Management
Henry Hendrawan	Komisaris Independen / Independent Commissioner	S-2 *Master of Business Administration* (Akselerasi) dari Cornell University, Amerika Serikat (2009) / Master of Business Administration (Accelerated) from Cornell University, United States of America	39 tahun / years old	Manajemen Bisnis / Business Management
Iman Rachman	Komisaris / Commissioner	S-2 *Master of Business Administration Finance* dari Leed University Business School, Inggris (1997) / Master of Business Administration from Leed University Business School, United Kingdom (1997)	49 tahun / years old	Manajemen Bisnis / Business Management

Remunerasi Dewan Komisaris

Perseroan menetapkan jumlah remunerasi remunerasi Dewan Komisaris melalui proses sebagai berikut:

1. Remunerasi Dewan Komisaris Perusahaan diusulkan oleh Direksi setelah mendapat rekomendasi Dewan Komisaris untuk ditetapkan dan disetujui oleh RUPS.
2. Ketentuan dan perhitungan remunerasi Dewan Komisaris ditetapkan berdasarkan Pedoman Pengelolaan Anak Perusahaan dan Perusahaan Patungan Pertamina.

Remuneration for the Board of Commissioners

The Company determines the amount of remuneration for the Board of Commissioners through the following process:

1. Remuneration for the Company's Board of Commissioners is proposed by the Board of Directors after receiving a recommendation from the Board of Commissioners to be determined and approved by the GMS.
2. Provisions and calculations for the remuneration of the Board of Commissioners are stipulated based on the Guidelines for the Management of Pertamina's Subsidiaries and Joint Venture Companies.

Komponen remunerasi Dewan Komisaris berikut besaran yang diterima Dewan Komisaris pada tahun 2021 sebagai berikut:

The components and amount of remuneration received by the Board of Commissioners in 2021 is as follows:

Jabatan/ Position	Honorarium / Honorarium	Tunjangan / Allowance	Aspunjab / Post-Employment Insurance	THR / Holiday Allowance	Tantiem / Tantiem	Pajak / Tax	Total
Dewan Komisaris / Board of Commissioners	1.571.701.185	314.340.237	351.925.858	93.923.084	727.602.741	732.597.899	**3.792.091.004**

Rapat Dewan Komisaris

Dewan Komisaris Perseroan mengadakan rapat paling sedikit 1 (satu) kali dalam waktu 1 (satu) bulan. Sepanjang tahun 2021, Dewan Komisaris mengadakan rapat sebanyak 14 kali.

Berikut rincian jumlah rapat dan tingkat kehadiran Dewan Komisaris dalam rapat 2021:

Board of Commissioners Meetings

The Board of Commissioners of the Company holds a meeting at least 1 (once) within 1 (one) month. Throughout 2021, the Board of Commissioners held 14 meetings.

The following is a breakdown of the number of meetings and attendance levels of the Board of Commissioners in the 2021 meetings:

Nama / Name	Jabatan / Position	Jumlah Rapat / Total Meetings	Jumlah Kehadiran / Total Attendance	Tingkat Kehadiran (%) / Attendance Rate (%)
Farid Harianto	Komisaris Utama / President Commissioner	14	14	100%
Dante Saksono Harbuwono	Komisaris Independen / Independent Commissioner	14	5	35%
Henry Hendrawan	Komisaris Independen / Independent Commissioner	9	9	100%
Iman Rachman	Komisaris / Commissioner	9	6	66%

Agenda Rapat Dewan Komisaris 2021

Board of Commissioners Meeting Agendas in 2021

No	Tanggal / Date	Agenda	
1	25 Januari 2021 / January 25, 2021	1. *Dashboard finansial* 2. Program transformasi *Clinical Operational Excellence*	1. Financial Dashbord 2. Transformation program Clinical Operational Excellence
2	10 Februari 2021 / February 10, 2021	1. Perkenalan anggota komite 2. Laporan HSE 3. Implementasi *One System* 4. Persiapan IPO 5. Mayo Clinic 6. *Transformation Update McKinsey*	1. Committee member introduction 2. HSE report 3. One System implementation 4. IPO Preparation 5. Mayo Clinic 6. Transformation Update McKinsey
3	3 Maret 2021 / March 3, 2021	1. Program kerja komite 2. *Financial audited* 2020 dan *management report* januari 2021 3. Pembangunan RS Makasar	1. Committee work plan 2. 2020 financial audit report and January 2021 management report 3. Construction of Makassar Hospital
4	23 April 2021 / April 23, 2021	1. Diskusi Pasca Pra RUPS 2. RS Makasar	1. Pre and Post GMS Discussions 2. Makassar Hospital
5	28 Mei 2021 / May 28, 2021	1. Revisi ABI 2. Update isu strategis : Rencana PMN dan RS Bali 3. Laporan manajemen April 2021 4. Usulan struktur organisasi	1. ABI Revision 2. Update on strategic issues: Bali Hospital and PMN Plan 3. April 2021 management report 4. proposal on organizational structure
6	2 Juli 2021 / July 2, 2021	1. Perkenalan BOD-BOC baru 2. Presentasi McKinsey 3. Percepatan penguatan mid level management	1. Proposal on organizational structure 2. McKinsey Presentation 3. Acceleration of mid-level management strengthening
7	30 Juli 2021 / July 30, 2021	1. Rapat Dewan Komisaris 2. Management Report periode Juni 2021 3. Update proyek strategis 4. Paparan sistem manajemen anti penyuapan 5. Covid	1. Board of Commissioners Meeting 2. June 2021 Management Report 3. Update on strategic projects 4. Presentation of anti-bribery management system 5. Covid
8	16 Agustus 2021 / August 16, 2021	1. Paparan hasil valuasi KJPP RS Bali	1. Presentation of KJPP valuation result Bali Hospital
9	26 Agustus 2021 / August 26, 2021	1. 5 minutes HSSE 2. *Performance* Juli 2021 3. Akuisisi saham latinusa 4. Rencana penyertaan modal PBM IHC di PT RSBT	1. 5 minutes HSSE 2. July 2021 Performance 3. latinusa share acquisition 4. Planning of capital participation of PBM IHC at PT RSBT
10	24 September 2021 / September 24, 2021	1. 5 minutes HSSE 2. Usulan perubahan struktur organisasi 3. Performance Agustus 2021 4. *Unlock value* 5. RJPP 2020-2024	1. 5 minutes HSSE 2. Proposal to change the organizational structure 3. August 2021 performance 4. Unlock value 5. RJPP 2020-2024
11	5 Oktober 2021 / October 5, 2021	Materi RUPSLB PMN Biofarma	Materials for the PMN Biofarma EGMS
12	26 Oktober 2021 / October 26, 2021	1. *Performance financial* periode September 2021 2. *Unlock value* dan proyek strategis lainnya 3. Solar Panel	1. September 2021 financial performance 2. Unlock value and other strategic projects 3. Solar Panel

No	Tanggal / Date	Agenda	
13	25 November 2021 / November 25, 2021	1. *Performance review financial* & operational periode Oktober 2021 2. Program standarisasi dan peningkatan layanan medis untuk seluruh RS PBM IHC 3. *Rollout* ERP/digital *platform* 4. Progress RS baru 5. Inisiatif strategis lainnya	1. Financial & operational performance review for October 2021 2. Standardization and improvement program for medical services in all PBM IHC hospitals 3. Rollout ERP/digital platform 4. New hospitals progress 5. Other strategic initiatives
14	21 Desember 2021 / December 21, 2021	1. *Performance review financial* 2. *Operational performance* 3. *Update* proyek strategis	1. Financial performance review 2. Operational performance 3. Update on strategic projects

Pernyataan Independensi Dewan Komisaris

Independensi Dewan Komisaris merupakan syarat penting dalam menjalankan perusahaan sesuai dengan prinsip-prinsip tata kelola dan praktik-praktik terbaik yang berlaku umum. Dewan Komisaris harus dapat bertindak secara independen, bebas dari benturan kepentingan apa pun yang dapat memengaruhi kemandiriannya dalam menjalankan tugas maupun memengaruhi hubungan kerja dengan Direksi.

Independency Statement of the Board of Commissioners

The independence of the Board of Commissioners is an important requirement in running a company in accordance with the generally accepted best practices of governance principles. The Board of Commissioners must be able to act independently, free from any conflict of interest that could affect their independence in carrying out their duties or affect the working relationship with the Board of Directors.

Program Peningkatan Kapabilitas Dewan Komisaris 2021

Perseroan telah mengatur kebijakan mengenai peningkatan kapabilitas Dewan Komisaris dalam pedoman kerjanya, antara lain sebagai berikut:

1. Program peningkatan kapabilitas dilaksanakan dalam rangka meningkatkan efektivitas kerja Dewan Komisaris.
2. Rencana untuk melaksanakan program peningkatan kapabilitas harus dimasukkan dalam rencana kerja dan anggaran Dewan Komisaris.
3. Setiap Anggota Dewan Komisaris yang mengikuti program peningkatan kapabilitas seperti seminar dan/atau pelatihan diminta untuk menyajikan presentasi kepada Anggota Dewan Komisaris lainnya dalam rangka berbagi informasi dan pengetahuan.
4. Anggota Dewan Komisaris yang bersangkutan bertanggung jawab untuk membuat laporan tentang pelaksanaan program peningkatan kapabilitas. Laporan tersebut disampaikan kepada Dewan Komisaris.

Capability Improvement Program of the Board of Commissioners in 2021

The Company has formulated policies regarding the capability improvement of the Board of Commissioners in its Board Manual, including the following:

1. Capability improvement program is implemented in order to increase the effectiveness of the work of the Board of Commissioners.
2. Plans to implement the capability improvement program must be included in the work plan and budget of the Board of Commissioners.
3. Each member of the Board of Commissioners who participates in the capability improvement program such as seminars and/or trainings is requested to give a presentation to other members of the Board of Commissioners in order to share information and knowledge.
4. Member of the Board of Commissioners concerned is responsible for making reports on the implementation of the capability improvement program. The report is submitted to the Board of Commissioners.

Sepanjang tahun 2021, terdapat anggota Dewan Komisaris yang mengikuti program peningkatan kapabilitas.

Throughout 2021, the Board of Commissioners has participated in the following capability improvement program.

Nama / Name	Jabatan / Position	Tanggal / Date	Nama Program / Program Title	Penyelenggara / Organizer
Farid Harianto	Komisaris Utama / President Commissioner	10 Februari 2021 / February 10, 2021	PRIME Program bagi Dewan Komisaris AP Pertamina / PRIME Program for AP Pertamina Board of Commissioners	PT Pertamina (Persero)

Penilaian Kinerja Dewan Komisaris

Perseroan menetapkan penilaian kinerja Dewan Komisaris berdasarkan *assessment* GCG yang dilakukan dengan menggunakan kriteria dan metodologi berdasarkan Keputusan Sekretaris Kementerian BUMN No.SK-16/S.MBU/2012 tanggal 6 Juni 2012 tentang indikator/ parameter penilaian dan evaluasi atas penerapan GCG pada BUMN. Pada tahun 2021, hasil penilaian terhadap kinerja GCG Dewan Komisaris mencapai nilai 89,84%, Hasil *assessment* GCG untuk kriteria terkait Dewan Komisaris yang mendapat nilai di atas 80% adalah:

1. Dewan Komisaris melakukan pembagian tugas dan menetapkan faktor-faktor yang dibutuhkan untuk mendukung pelaksanaan tugas Dewan Komisaris.
2. Dewan Komisaris memberikan persetujuan atas rancangan RJPP dan RKAP yang disampaikan oleh Direksi.
3. Dewan Komisaris memberikan arahan terhadap Direksi atas implementasi rencana dan kebijakan perusahaan.
4. Dewan Komisaris melaksanakan pengawasan terhadap Direksi atas implementasi rencana dan kebijakan perusahaan.
5. Dewan Komisaris melakukan pengawasan terhadap pelaksanaan kebijakan pengelolaan Anak Perusahaan/ perusahaan patungan.
6. Dewan Komisaris memiliki Sekretaris Dewan Komisaris untuk mendukung tugas
7. Kesekretariatan Dewan Komisaris.

Program Kerja Dewan Komisaris 2021

1. Rapat rutin Dewan Komisaris dan Direksi;
2. Rapat Komite Komisaris;
3. Menyusun program kerja tahunan masing-masing komite Dewan Komisaris;
4. Program peningkatan kapabilitas melalui seminar/pelatihan Dewan Komisaris;
5. Meneliti dan menelaah laporan tahunan, laporan keuangan audited dan materi RUPS Perusahaan;
6. Meneliti dan Memberikan arahan terhadap RKAP dan RJPP yang diajukan oleh Direksi;
7. Melakukan pembahasan dan pemberian rekomendasi atas transaksi Direksi yang menjadi kewenangan Dewan Komisaris sesuai AD Perusahaan;
8. Memastikan prinsip-prinsip Tata Kelola Perusahaan yang Baik telah diterapkan oleh Perusahaan;
9. Melakukan telaah atas hasil assessment GCG dan menindaklanjuti area of improvement hasil *assessment* GCG yang menjadi tanggung jawab Dewan Komisaris;

Performance Assessment of the Board of Commissioners

The Company determines the performance assessment of the Board of Commissioners based on the GCG assessment which is carried out using criteria and methodology based on the Decree of the Secretary of the Ministry of SOEs No.SK-16/S.MBU/2012 dated June 6, 2012 concerning indicators/parameters for assessment and evaluation of the implementation of GCG in SOEs. In 2020, the results of the assessment of the Board of Commissioners' GCG performance reached 89.84%. The results of the GCG assessment for the criteria related to the Board of Commissioners that scored above 80% were:

1. The Board of Commissioners performed the division of tasks and determined the factors needed to support the implementation of the duties of the Board of Commissioners.
2. The Board of Commissioners approved the RJPP and RKAP drafts submitted by the Board of Directors.
3. The Board of Commissioners provided direction to the Board of Directors on the implementation of company plans and policies.
4. The Board of Commissioners supervised the Board of Directors on the implementation of company plans and policies.
5. The Board of Commissioners supervised the implementation of policies on the management of Subsidiaries/joint ventures.
6. The Board of Commissioners has a Secretary to the Board of Commissioners to support its duties.
7. Secretariat of the Board of Commissioners.

2021 Work Plan of the Board of Commissioners

1. Regular meetings with the Board of Directors and Committees;
2. Board of Commissioners Meeting;
3. Preparing annual work plans for each Board of Commissioners committee;
4. Capability improvement program through seminars/training for the Board of Commisisoners;
5. Review and Assessment of the annual reports, audited financial reports and materials of the Company's GMS;
6. Review and recommendations for the RKAP and RJPP proposed by the Board of Directors;
7. Discussion and provision recommendations for the Board of Directors transactions under the authority of the Board of Directors in accordance with the Company's Articles of Association;
8. Assurance that the Good Corporate Governance principles is implemented by the Company;
9. Study of the GCG assessment result and follow-up on the area of improvement form the GCG assessment result which is the responsibility of the Board of Commissioners;

10. Memberikan arahan terkait sistem pengendalian intern perusahaan, meliputi:
    - Kebijakan/rancangan dan pelaksanaan sistem pengendalian intern;
    - Hasil evaluasi dan efektivitas pengendalian intern pada tingkat entitas dan operasional;
11. Memberikan arahan terkait kebijakan manajemen resiko dan pelaksanaannya;
12. Memberikan arahan terkait kebijakan teknologi informasi dan pelaksanaannya;
13. Memberikan arahan terkait pengembangan karir dan pelaksanaannya;
14. Memberikan arahan terkait kebijakan akuntansi dan pelaksanaannya;
15. Memberikan arahan terkait kebijakan pengadaan barang dan jasa serta pelaksanaannya;
16. Memberikan arahan terkait kebijakan mutu dan pelayanan serta pelaksanaannya;
17. Mengawasi dan memantau kepatuhan Direksi dalam menjalankan peraturan perundangan yang berlaku dan perjanjian dengan pihak ketiga;
18. Melakukan pembahasan dan pemberian rekomendasi atas transaksi Direksi yang menjadi kewenangan Dewan Komisaris sesuai AD Perusahaan;
19. Memastikan audit eksternal dan audit internal dilaksanakan secara efektif serta melaksanakan telaah atas pengaduan yang berkaitan dengan perusahaan yang diterima oleh Dewan Komisaris serta melaksanakan rencana tersebut.

10. Provision of directions regarding the Internal Control System, including:
    - Policies/plans and implementation of the internal control system;
    - Evaluation result and the effectivenes of the internal control system on the Company and operational levels;
11. Provision of direction regarding risk management policies and their implementation;
12. Provision of direction related to information technology policies and their implementation;
13. Provision of direction related to career development and implementation;
14. Provision of direction related to accounting policies and their implementation;
15. Provision of direction related to policies for procurement of goods and services and their implementation;
16. Provision of direction related to quality and service policies and their implementation;
17. Supervision and monitoring of the compliance of the Board of Directors in implementing the applicable laws and regulations and agreements with third parties;
18. Discussion and provision of recommendations on transactions of the Board of Directors which are the authority of the Board of Commissioners in accordance with the Company's Articles of Association;
19. Assurance that external audits and internal audits are carried out effectively as well as review of complaints related to the Company received by the Board of Commissioners and implementation the plan.

Adapun kegiatan yang dilakukan berdasarkan fungsinya adalah sebagai berikut:

The activities based on functions are as follows:

Aspek Pengawasan / Supervisory Aspect		
1	Memberikan rekomendasi kepada Direksi atas Usulan Penetapan RKAP, Penetapan RJPP, Penetapan KPI Perusahaan, Penetapan KAP dan usulan lainnya / Providing recommendations to the Board of Directors on the Proposal for RKAP Determination, Establishment of RJPP, Establishment of Company KPI, Determination of KAP and other proposals	a. 5 (lima) Surat Keputusan Dewan Komisaris / 5 (five) Decrees of the Board of Commissioners b. Persetujuan RKAP 2021 / 2021 RKAP Approval c. Persetujuan RJPP 2020-2024 / RJPP 2020-2024 Approval d. Surat Penetapan KAP / KAP Appointment Letter 12 (dua belas) Surat Rekomendasi /arahan/persetujuan Dewan Komisaris atas tindakan Direksi / 12 (twelve) Recommendation/ direction/approval letters of the Board of DIrections to the Board of Directors' actions
Aspek Pelaporan / Reporting Aspect		
1	Menyampaikan Program Kerja Tahunan dan Pembagian Tugas Dewan Komisaris kepada Pemegang Saham / Submitting Annual Work Program and Division of Duties of the Board of Commissioners to Shareholders	1 (satu) pelaporan / 1 (one) reporting
2	Menyampaikan Laporan Tugas Pengawasan Dewan Komisaris Tahun 2020 / Submitting Supervisory Duty Report of the Board of Commissioners in 2020	1 (satu) pelaporan / 1 (one) reporting
Aspek Lain / Other Aspect		
1	Mengikuti Program Pelatihan, Seminar, Konferensi dan kegiatan lainnya / Attending Training, Seminar, Conference Programs, and other activities	1 kali pelatihan / 1 training

Saran atau Arahan Dewan Komisaris Tahun Buku 2021

Suggestion or Direction of the Board of Commissioners in the 2021 Fiscal Year

No	Isu Strategis / Strategic Issues	Rekomendasi Dewan Komisaris	Recommendations of the Board of Commissioners
1	Kinerja Perusahaan / Company Performance	1. Selama one system dalam pelaporan keuangan belum berjalan, Direksi harus dapat menjaga akuntabilitas dan integritas data yang ditampilkan 2. Direksi harus memulai program *Treasury Centre* untuk seluruh Anak Perusahaan 3. Agar diperhatikan *financial performance* dalam 3 tahun terakhir dalam persiapan IPO 4. Perlu dibuat tim khusus untuk menyusun strategi pengembangan klinik di PBM IHC 5. Eksplorasi kemungkinan penggunaan solar panel di RS sebagai langkah Hemat Energi	1. As long as one system in financial reporting has not been running, the Board of Directors must be able to maintain accountability and integrity of the displayed data 2. The Board of Directors shall initiate a Treasury Center program for all Subsidiaries 3. To pay attention to financial performance in the last 3 years in IPO preparation 4. It is necessary to create a special team to develop a clinical development strategy at PBM IHC 5. Explore the possibility of using solar panels in hospitals as an energy saving measure
2	Program Transformasi / Transformation Program	1. Dengan program remunerasi berdasarkan kinerja, Direksi harus dapat mengantisipasi kenaikan OPEX 2. Dalam merencanakan desain fisik bangunan RS harus dapat menampilkan *Brand Identity* PBM IHC, baik dari *facad*, *lobby*, IGD, dan lokasi lainnya 3. Target *branding* selesai dalwam waktu 3 tahun	1. With a remuneration program based on performance, the Board of Directors must be able to anticipate an increase in OPEX 2. In planning the physical design of the hospital building, it must be able to display the PBM IHC Brand Identity, both from the facade, lobby, ER, and other locations 3. The branding target is completed within 3 years
3	*Governance*	1. Direksi agar menyiapkan saluran pelaporan *Whistleblowing System* yang jelas dan menunjuk PIC yang mengelola pelaporan tersebut dimana Perusahaan dapat mengadopsi WBS Pertamina 2. Pihak ketiga yang bertansaksi di PBM IHC harus menandatangani pakta integritas	1. The Board of Directors to prepare a clear Whistleblowing System reporting channel and appoint a PIC who manages the report where the Company can adopt Pertamina's WBS 2. Third parties dealing in PBM IHC must sign an integrity pact
4	Struktur Organisasi *Human Capital* / Human Capital Organizational Structure	1. Perlu penguatan organisasi dalam tahap persiapan IPO yaitu dengan menambah fungsi *Investor Relation* dan *Shareholder Relation* 2. Dipertimbangkan untuk melakukan recruitment digital talent untuk mengelola data digital, antara lain data *analyst*, data *scientist*, *data engineer* 3. Perlu dibentuk *Medical Committee Board* dan *Medical Advisory Board* yang diisi oleh para *dragon doctor*	1. Organizational strengthening is needed in the IPO preparation stage, namely by adding the Investor Relations and Shareholder Relations functions 2. Consider recruiting digital talent to manage digital data, including data analysts, data scientists, data engineers 3. It is necessary to form a Medical Committee Board and a Medical Advisory Board filled with dragon doctors

Keputusan-Keputusan Dewan Komisaris Tahun Buku 2021

1. Penataan Organ Dewan Komisaris;
2. Pengangkatan Anggota Komite Manajemen Risiko;
3. Pengangkatan Anggota Komite Nominasi & Remunerasi;
4. Pengangkatan Anggota Komite Investasi;
5. Penetapan KAP.

Decrees of the Board of Commissioners in 2021 Fiscal Year

1. Arrangement of the Board of Commissioners Organ;
2. Appointment of the Risk Management Committee Member;
3. Appointment of the Nomination and Remuneration Committee Member;
4. Appointment of the Investment Committee Member;
5. Appointment of the KAP.

Penilaian Kinerja Komite Dewan Komisaris

Dewan Komisaris melakukan penilaian kinerja kepada komite-komite yang membantu melaksanakan tugas dan tanggung jawabnya, yaitu Komite Audit, Komite Manajemen Risiko, Komite Investasi, dan Komite Nominasi & Remunerasi. Penilaian tersebut dilakukan berdasarkan Peraturan Menteri Negara Badan Usaha Milik Negara No. PER-12/ MBU/2012 tanggal 24 Agustus 2012 mengenai Organ Pendukung Dewan Komisaris/Dewan Pengawas Badan Usaha Milik Negara yang dijelaskan pada Pasal 29, bahwa evaluasi terhadap kinerja komite dilakukan setiap satu tahun dengan tata cara yang telah ditetapkan oleh Dewan Komisaris. Penilaian kinerja terhadap Komite Dewan Komisaris didasarkan pada laporan yang diberikan oleh masing-masing komite tersebut. Informasi lebih lengkap mengenai penilaian kinerja komite Dewan Komisaris disampaikan pada setiap pembahasan Komite Audit, Komite Manajemen Risiko, Komite Investasi, dan Komite Nominasi & Remunerasi pada Laporan Tahunan ini.

Performance Assessment of the Board of Commissioners Committee

The Board of Commissioners evaluates the performance of the committees that help carry out their duties and responsibilities, namely the Audit Committee, the Risk Management Committee, the Investment Committee, and the Nomination & Remuneration Committee. The assessment was carried out based on the Regulation of the Minister of State-Owned Enterprises No. PER-12/MBU/2012 dated August 24, 2012 regarding the Supporting Organs of the Board of Commissioners/ Supervisory Board for State-Owned Enterprises, which is explained in Article 29, that the evaluation of the committee's performance is carried out every year in a manner stipulated by the Board of Commissioners. The performance assessment of the Committees of the Board of Commissioners is based on the reports provided by each committee. More complete information regarding the performance assessment of the Board of Commissioners committee is presented in each discussion of the Audit Committee, Risk Management Committee, Investment Committee, and the Nomination & Remuneration Committee in this Annual Report.

Realisasi KPI Dewan Komisaris

Realization of Board of Commissioners KPI

Indikator / Indicator	**Bobot Penilaian** / Score Value	**Pencapaian** / Achievement	**Keterangan** / Description
Dewan Komisaris menyelenggarakan Rapat bersama Direksi secara berkala minimal 1 bulan sekali / The Board of Commissioners holds regular meetings with the Board of Directors at least once a month.	10%	100%	Rapat BOD-BOC tahun 2021 sebanyak 14 kali / Board of Directors-Board of Commissioners meeting held 14 meetings in 2021
Dewan Komisaris melaksanakan peningkatan pengetahuan, keahlian, dan kemampuan melalui keikutsertaan dalam seminar/pelatihan yang sesuai dengan bidang tugasnya minimal 1 (satu) kali dalam 1 (satu) tahun / The Board of Commissioners expands knowledge, skills, and abilities through participation in seminars/trainings in accordance with their field of duty at least once in a year.	10%	100%	1. Pelatihan *by McKinsey on Healthcare Landscape* / Training by McKinsey on Healthcare Landscape 2. Paparan oleh ex-CMO Traveloka Christian Suwarna tentang strategi Digitalisasi / Expose by Traveloka ex-CMO Christian Suwarna on Digitalization strategy
Dewan Komisaris melakukan evaluasi terhadap Kinerja Perusahaan dan Entitas Anak (Konsolidasi) secara berkala, minimal 4 (empat) kali dalam 1 (satu) tahun dalam Rapat bersama Direksi / The Board of Commissioners evaluates the performance of the Company and its Subsidiaries (Consolidated) on a regular basis, at least 4 (four) times in a year in a joint meeting with the Board of Directors.	10%	100%	Rapat BOD-BOC tahun 2021 membahas kinerja sebanyak 9 kali / The 2021 the Board of Directors-Board of Commissioners meeting on performance discussion were held 9 times
Dewan Komisaris menyusun dan menyampaikan Laporan Pengawasan Dewan Komisaris 1 (satu) kali dalam 1 (satu) tahun / The Board of Commissioners prepares and submits the Supervisory Report of the Board of Commissioners once in a year.	10%	100%	Disampaikan pada RUPS / Presented at the GMS
Dewan Komisaris Menyusun dan menyampaikan Program Kerja Dewan Komisaris 1 (satu) kali dalam 1 (satu) tahun / The Board of Commissioners Prepares and submits the Work Program of the Board of Commissioners once in a year.	10%	100%	Fokus kepada: / Focus on: 1. Integrasi dan transformasi organisasi dan Perusahaan / Organizational and Enterprise integration and transformation 2. Kinerja bisnis Perusahaan / Company business performance 3. Pengembangan inisiatif ke depan mencakup: Mayo, rumah sakit baru, digitalisasi, inisiatif McKinsey dan inisiatif strategis / Future development initiatives including Mayo, new hospitals, digitization, McKinsey initiatives and strategic initiatives
Dewan komisaris merlakukan review, mengevaluasi, dan memberikan persetujuan terhadap hal-hal yang wajib mendapat persetujuan Dewan Komisaris berdasarkan peraturan perundang-undangan yang berlaku dan Anggaran Dasar Perseroan, antara lain: / The Board of Commissioners reviews, evaluates, and gives approval to matters that must obtain approval from the Board of Commissioners based on the prevailing laws and regulations and the Company's Articles of Association, including: • Rencana Kerja dan Anggaran Perusahaan (RKAP) / Company Work Plan and Budget (RKAP) • Tindakan Direksi yang memerlukan persetujuan Dewan Komisaris / Actions of the Board of Directors that require the approval from the Board of Commissioners	10%	100%	• Persetujuan RKAP / RKAP Approval • Persetujuan Pengambilalihan saham Latinusa / Approval Latinusa takeover • Persetujuan Penetapan Penggunaan Laba / Approvalof Use of Profit • Persetujuan Perubahan Anggaran Dasar / Approval of Amendment to Articles of Association • Persetujuan Struktur Organisasi / Organizational Structure Approval • Persetujuan Penempatan Wakil Perseroan sebagai BOC AP / Approval for the Placement of Company Representatives as BOC AP • Persetujuan RJPP 2020-2024 / Approval for 2020-2024 RJPP
Dewan Komisaris memastikan terselenggaranya prinsip dan praktik *Good Corporate Governance* pada seluruh jenjang organisasi melalui rapat tinjauan manajemenPelaksanaan Rapat Komite minimal 4 (empat) kali dalam 1 (satu) tahun / The Board of Commissioners ensures the implementation of the principles and practices of Good Corporate Governance at all levels of the organization through management review meetings. Implementation of Committee Meetings at least 4 (four) times in a year.	10%	100%	1. Pembahasan Tinjauan Manajemen SMAP (Sistem Manajemen Nti Penyuapan) dalam Rapat BOD-BOC / Discussion of SMAP Management Review (Anti-Bribery Management System) in Board of Directors-Board of CommissionersMeeting 2. Pembahasan mengenai proses pengambilalihan saham anak perusahaan baru / Discussion on the process of acquiring shares in new subsidiaries 3. Pembahasan mengenai proses perencanaan dan pembangunan rumah sakit baru (Makassar, Bali) / Discussion on the process of planning and building a new hospital (Makassar, Bali)
Pelaksanaan Rapat Komite minimal 4 (empat) kali dalam 1 (satu) tahun / Implementation of Committee Meetings at least 4 (four) times in a year.	10%	100%	• Rapat Komite 8 kali selama tahun 2021 / Held 8 Committee Meetings in 2021 • Rapat Komite Audit & Manajemen Risiko: 6 kali (110%), Rapat Komite Investasi dan Nominasi dan Remunerasi: 2 kali (50%) sehingga total pencapaian 80% / Audit & Risk Management Committee Meetings: 6 times (110%), Investment and Nomination and Remuneration Committee Meetings: 2 times (50%) for a total achievement of 80%
Dewan Komisaris melakukan kunjungan ke cabang/wilayah dalam rangka melaksanakan fungsi pengawasan minimal 1 (satu) kali dalam 1 (satu) tahun / The Board of Commissioners visits branches/regions in order to carry out the supervisory function at least once in a year.	10%	80%	Kunjungan ke lokasi RS Bali tanggal 30 Desember 2021 / A visit to the Bali Hospital location on December 30, 2021
Melaksanakan program pengenalan bagi Dewan Komisaris yang baru / Implement an introduction program for the new Board of Commissioners.	10%	100%	*Town Hall Meeting* tanggal 24 Juni 2021 / Town Hall Meeting on June 24, 2021
		98%	

DIREKSI

Di dalam Perseroan, Direksi memegang wewenang serta tanggung jawab penuh terhadap pengurusan dan pengelolaan perusahaan yang dilakukan untuk kepentingan Perseroan sesuai dengan maksud dan tujuan Perseroan. Direksi juga menjadi perwakilan dari Perseroan baik di dalam maupun di luar pengadilan sesuai dengan Anggaran Dasar Perseroan. Tanggung jawab tersebut dijalankan sesuai dengan Anggaran Dasar Perusahaan, ketentuan Undang-Undang tentang Perusahaan Terbatas yang berlaku, serta peraturan perundang-undangan di mana Perusahaan berkedudukan/didirikan.

Tugas, Wewenang, dan Tanggung Jawab

Secara umum, tugas Direksi adalah sebagai berikut:

1. Membuat daftar pemegang saham, daftar khusus, risalah RUPS dan risalah rapat direksi;
2. Membuat laporan tahunan dan dokumen keuangan Perseroan;
3. Memelihara seluruh daftar, risalah dan dokumen keuangan Perseroan.
4. Mengelola kekayaan Perseroan, dan wajib memperoleh persetujuan RUPS dalam hal mengalihkan atau menjadikan kekayaan Perseroan sebagai jaminan utang.
5. Menyusun strategi termasuk menyusun kebijakan operasi Perusahaan dan manajemen risiko serta pelaksanaannya;
6. Mengarahkan dan memonitor kinerja Perusahaan dalam mencapai tujuan strategis Perusahaan dan memastikan diterapkannya kebijakan Perusahaan, dalam hal ini mewujudkan pelaksanaan RJPP dan RKAP, termasuk pencapaian target keuangan dan non-keuangan;
7. Menghasilkan keuntungan yang optimal bagi para Pemegang Saham;
8. Menjaga keseimbangan kepentingan semua pihak yang terkait dalam Perseroan sesuai dengan nilai-nilai etika dan peraturan perundang-undangan yang berlaku;
9. Menjaga agar Perseroan selalu mematuhi Undang-Undang dan peraturan yang mempunyai kekuatan hukum, termasuk Undang-Undang Perpajakan, persaingan yang sehat, perburuhan, *health safety*, *security and environment* (HSSE);
10. Memenuhi *Key Performance Indicators* (KPI) yang jelas, lengkap, dan berimbang, baik dari aspek keuangan maupun non-keuangan untuk menentukan pencapaian misi dan tujuan Perusahaan sesuai dengan *Performance Contract* (Kontrak Kinerja);
11. Membangun dan memanfaatkan teknologi informasi;
12. Menindaklanjuti temuan-temuan auditor internal dan auditor eksternal serta melaporkannya kepada Dewan Komisaris;

BOARD OF DIRECTORS

The Board of Directors holds full authority and responsibility for the management and management of the Company which is carried out in the interests of the Company in accordance with the aims and objectives of the Company. The Board of Directors is also a representative of the Company both inside and outside the court in accordance with the Articles of Association of the Company. This responsibility is carried out in accordance with the Articles of Association of the Company, provisions of the applicable Limited Liability Company Law, as well as laws and regulations where the Company is domiciled/established.

Duties, Authorities, and Responsibilities

In general, duties of the Board of Directors are as follows:

1. Making a list of shareholders, a special register, minutes of the GMS and minutes of meetings of the Board of Directors;
2. Preparing annual reports and financial documents of the Company;
3. Maintaining all registers, minutes and financial documents of the Company.
4. Managing assets of the Company and must obtain the approval of the GMS in terms of transferring or making the Company's assets as debt collateral.
5. Formulating strategies, including formulating policies for the Company's operations and risk management as well as their implementation;
6. Directing and monitoring the Company's performance in achieving the Company's strategic objectives and ensuring the implementation of Company policies, in this case realizing the implementation of RJPP and RKAP, including the achievement of financial and non-financial targets;
7. Generating optimal profits for Shareholders;
8. Maintaining a balance of interests of all parties involved in the Company in accordance with ethical values and prevailing laws and regulations;
9. Ensuring that the Company always complies with laws and regulations that have legal power, including the Taxation Law, fair competition, labor, health safety, security and environment (HSSE);
10. Fulfilling clear, complete, and balanced Key Performance Indicators (KPI) from both financial and non-financial aspects to determine the achievement of the Company's mission and objectives in accordance with the Performance Contract;
11. Building and utilizing information technology;
12. Following up on the findings of the internal and external auditors and reporting them to the Board of Commissioners;

13. Melaporkan informasi-informasi yang relevan kepada Dewan Komisaris, antara lain mengenai suksesi/mutasi/promosi manajer kunci (senior), program pengembangan SDM, kegiatan tanggung jawab sosial Perusahaan (*Corporate Social Responsibility* atau CSR), pertanggungjawaban manajemen risiko, pelaksanaan HSSE, dan kinerja pemanfaatan teknologi informasi;
14. Bersama-sama Dewan Komisaris menyiapkan dan mengajukan Laporan Tahunan dan Laporan Keuangan Perusahaan untuk disahkan dalam RUPS; dan Menyelenggarakan RUPS dan membuat risalah RUPS.

Sebagai bagian dari pelaksanaan prinsip keterbukaan, anggota Direksi juga wajib melaporkan saham yang dimilikinya dan/atau yang dimiliki keluarganya, baik saham Perseroan maupun saham perusahaan lain. Kepemilikan saham ini dicatat dalam suatu daftar khusus.

Wewenang yang dimiliki Direksi terkait dengan pelaksanaan tugasnya, adalah sebagai berikut:

1. Menetapkan kebijakan dalam memimpin pengurusan perusahaan;
2. Mengatur ketentuan-ketentuan tentang kepegawaian perusahaan termasuk pembinaan pegawai, penetapan upah dan penghasilan lain, pesangon dan/atau penghargaan atas pengabdian, serta manfaat pensiun bagi para pegawai perusahaan berdasarkan peraturan perundang-undangan yang berlaku dan/atau keputusan RUPS;
3. Mengangkat dan memberhentikan pegawai perusahaan berdasarkan peraturan kepegawaian dan peraturan perundang-undangan yang berlaku;
4. Mengatur penyerahan kekuasaan Direksi untuk mewakili Perseroan di dalam dan di luar pengadilan kepada seorang atau beberapa orang anggota Direksi yang khusus ditunjuk untuk itu, atau kepada seorang atau beberapa orang pekerja Perseroan, baik sendiri-sendiri maupun Bersama- sama atau kepada pihak lain;
5. Direksi dapat mengangkat dan memberhentikan Sekretaris Perusahaan berdasarkan aturan dan ketentuan yang berlaku; dan
6. Menjalankan tindakan-tindakan lainnya baik mengenai pengurusan maupun mengenai pemilikan kekayaan perusahaan, sesuai dengan ketentuan-ketentuan yang diatur dalam Anggaran Dasar ini dan yang ditetapkan oleh RUPS berdasarkan peraturan perundang-undangan yang berlaku

13. Reporting relevant information to the Board of Commissioners, including the succession/transfer/promotion of key (senior) managers, HC development programs, Corporate Social Responsibility (CSR) activities, accountability for risk management, implementation of HSSE, and information technology utilization performance;
14. Preparing and submitting an Annual Report and Corporate Financial Statements together with the Board of Commissioners, to be ratified at the GMS; and Organizing the GMS and preparing the minutes of the GMS.

As part of the implementation of the principle of disclosure, members of the Board of Directors are also required to report share ownership and/or ownership by their families for shares of the Company or shares of other companies. This share ownership is recorded in a special register.

The authorities of the Board of Directors in relation to the implementation of their duties are as follows:

1. Formulating policies in leading the management of the Company;
2. Regulating provisions concerning employment including employee guidance, determination of wages and other income, severance pay and/or rewards for service, as well as pension benefits for the Company's employees based on the prevailing laws and regulations and/or the resolution of the GMS;
3. Appointing and dismissing the Company's employees based on the employment regulations and applicable laws and regulations;
4. Arranging the transfer of power of the Board of Directors to represent the Company inside and outside the court to one or several members of the Board of Directors who are specially appointed for this purpose, or to one or more employees of the Company, either individually or collectively or to other parties;
5. Appointing and dismissing the Corporate Secretary based on the prevailing rules and regulations; and
6. Carrying out other actions both regarding the management and ownership of The Company's assets, in accordance with the provisions stipulated in this Articles of Association and which are stipulated by the GMS based on the prevailing laws and regulations.

Dalam melaksanakan tugasnya Direksi wajib untuk:

1. Mencurahkan tenaga, pikiran, perhatian dan pengabdiannya secara penuh pada tugas, kewajiban dan pencapaian tujuan perusahaan;
2. Menyiapkan Rencana Jangka Panjang Perusahaan (RJPP) yang merupakan rencana strategis yang memuat sasaran dan tujuan perusahaan yang hendak dicapai dalam jangka waktu 5 (lima) tahun, yang telah ditandatangani Bersama dengan Dewan Komisaris disampaikan kepada RUPS untuk mendapatkan pengesahan;
3. Menyiapkan rancangan Rencana Kerja dan Anggaran Perusahaan (RKAP) yang merupakan penjabaran tahunan dari RJPP dan selanjutnya disampaikan kepada RUPS untuk mendapatkan pengesahan;
4. Mengadakan dan memelihara pembukuan dan administrasi perusahaan sesuai kelaziman yang berlaku bagi suatu perusahaan;
5. Dalam waktu 5 (lima) bulan setelah tahun buku perusahaan ditutup, menyampaikan laporan tahunan yang telah ditandatangani oleh Direksi dan Dewan Komisaris kepada RUPS untuk mendapatkan pengesahan;
6. Menyusun sistem akuntansi sesuai dengan Standar Akuntansi Keuangan dan berdasarkan prinsip-prinsip pengendalian internal, terutama fungsi pengurusan, dan pencatatan, penyimpanan dan pengawasan;
7. Memberikan pertanggungjawaban dan segala keterangan tentang keadaan jalannya perusahaan berupa laporan kegiatan perusahaan termasuk laporan keuangan baik dalam bentuk laporan berkala menurut cara dan waktu yang ditentukan dalam Anggaran Dasar ini serta setiap kali diminta oleh RUPS;
8. Menyiapkan susunan organisasi perusahaan lengkap dengan perincian dan tugasnya;
9. Memberikan penjelasan tentang segala hal yang dinyatakan atau diminta anggota Dewan Komisaris;
10. Menjalankan kewajiban-kewajiban lainnya sesuai dengan ketentuan-ketentuan yang diatur dalam Anggaran Dasar ini dan yang ditetapkan oleh RUPS berdasarkan peraturan perundang-undangan yang berlaku; dan
11. Mematuhi ketentuan-ketentuan lain di antaranya Pedoman Hubungan Korporasi Antara PT Pertamina (Persero) Dengan dan Antar Anak Perusahaan dan ketentuan-ketentuan lainnya yang disetujui oleh RUPS dan/atau kesepakatan antara PT Pertamina (Persero) dan Anak Perusahaan yang berlaku bagi Perusahaan beserta dengan perubahannya.

In performing their duties, the Board of Directors are required to:

1. Devote their energy, thoughts, attention and full dedication to the duties, obligations, and achievement of the Company's objectives;
2. Prepare the Company's Long-Term Plan (RJPP), which is a strategic plan containing the Company's goals and objectives to be achieved within a period of 5 (five) years, which has been signed with the Board of Commissioners and submitted to the GMS for approval;
3. Prepare a draft of the Company's Work Plan and Budget (RKAP) which is an annual translation of the RJPP and subsequently submitted to the GMS for approval;
4. Establish and maintain the Company's bookkeeping and administration in accordance with the prevailing practices for a company;
5. Within 5 (five) months after the Company's fiscal year is closed, submit the annual report signed by the Board of Directors and the Board of Commissioners to the GMS for approval;
6. Develop an accounting system in accordance with the Financial Accounting Standards and based on the principles of internal control, especially the function of management, and recording, storage and supervision;
7. Provide accountability and all information regarding the condition of the Company in the form of activity reports including financial statements in the form of periodic reports according to the method and time specified in the Articles of Association and whenever requested by the GMS;
8. Prepare a complete corporate organizational structure with details and duties;
9. Provide an explanation of all matters stated or requested by members of the Board of Commissioners;
10. Carry out other obligations in accordance with the provisions stipulated in the Articles of Association and those stipulated by the GMS based on the prevailing laws and regulations; and
11. Comply with other provisions including Guidelines for Corporate Relations with PT Pertamina (Persero) and between Subsidiaries and other provisions approved by the GMS and/or the agreement between PT Pertamina (Persero) and Subsidiaries that apply to the Company and its subsidiaries. with the changes.

Kewajiban Direksi yang Lain

Direksi juga diwajibkan menyelenggarakan program Tanggung Jawab Sosial (*Corporate Social Responsibility* atau CSR) atas nama Perusahaan untuk merealisasikan perilaku sebagai warga negara yang baik di lingkungan di mana Perseroan beroperasi, dan senantiasa memperhatikan kepentingan para *stakeholders*. Direksi harus menyusun dan memastikan penerapan sistem yang formal dan transparan terkait pengangkatan pekerja, penentuan gaji, dan pelaksanaan evaluasi secara adil terhadap kinerja pekerja, yaitu melalui KPI yang merupakan *cascading* dari KPI Direksi.

Pencapaian KPI pekerja tersebut kemudian dijadikan sebagai salah satu alat pertimbangan dalam pemberian *reward and consequences* kepada pekerja yang bersangkutan. Sistem ini harus juga mencerminkan kepentingan Perusahaan dan berlaku efektif setelah disetujui oleh Dewan Komisaris.

Tugas dan Wewenang Secara Kolegial

1. Menetapkan Visi, Misi dan Strategi Korporasi
2. Menetapkan kebijakan Korporasi yang berlaku secara korporat dan termasuk unit bisnis/KSO/JV.
3. Menetapkan usulan dan perubahan RJPP dan RKAP, serta mengajukan persetujuan kepada Pemegang Saham dan melaksanakannya sesuai ketentuan yang berlaku.
4. Menetapkan sasaran kinerja serta evaluasi kinerja korporasi sesuai ketentuan yang berlaku.
5. Mengupayakan tercapainya sasaran kinerja (aspek keuangan, aspek operasional dan aspek administrasi) yang digunakan sebagai dasar penilaian tingkat Kesehatan sesuai kontrak manajemen yang telah ditetapkan dalam RUPS.
6. Menetapkan struktur organisasi dan penetapan pejabat sampai jenjang tertentu yang diatur oleh ketetapan Direksi.
7. Menetapkan kebijakan yang berkaitan dengan hubungan industrial dan kesejahteraan Pekerja.
8. Memberikan pertanggungjawaban dan segala keterangan tentang keadaan dan jalannya korporasi berupa laporan tahunan termasuk laporan keuangan kepada RUPS sesuai dengan tata kelola perusahaan yang baik.
9. Membangun dan melaksanakan program manajemen risiko korporasi secara terpadu yang merupakan bagian dari pelaksanaan program *Good Corporate Governance*.
10. Menetapkan kebijakan tata kelola teknologi informasi yang efektif bagi korporasi.
11. Menetapkan kebijakan *Health, Safety, Environment* (HSE) di Perseroan

Other Obligations of the Board of Directors

The Board of Directors is also required to carry out Corporate Social Responsibility (CSR) program on behalf of the Company to realize good citizenship behavior in the environment in which the Company operates, and always take into consideration the interests of stakeholders. The Board of Directors must formulate and ensure that the implementation of a formal and transparent system related to employee's recruitment, salary determination, and fair evaluation of employee's performance, namely through KPI which is the cascading of KPI for the Board of Directors.

The employee's KPI achievement is subsequently used as a means of consideration in providing the reward and consequences for the employee concerned. This system must also reflect the interests of the Company and be effective after being approved by the Board of Commissioners.

Collegial Duties and Authorities

1. Formulating Corporate the Vision, Mission and Strategy.
2. Formulating corporate policies that apply corporately and including business units/KSO/JV.
3. Determining proposals and amendments to RJPP and RKAP, as well as submitting approval to Shareholders and implementing them in accordance with applicable regulations.
4. Determining performance targets as well as evaluating corporate performance in accordance with applicable regulations.
5. Striving for the achievement of performance targets (financial aspects, operational aspects, and administrative aspects) which are used as the basis for assessing the level of health in accordance with the management contract stipulated in the GMS.
6. Determining the organizational structure and assignment of officers up to a certain level which is regulated by a decision of the Board of Directors.
7. Formulating policies related to industrial relations and employee's welfare.
8. Providing accountability and all information regarding the state and operation of the corporation in the form of annual report including financial statements to the GMS in accordance with good corporate governance.
9. Building and implementing an integrated corporate risk management program which is part of the implementation of the Good Corporate Governance program.
10. Formulating effective information technology governance policies for corporations.
11. Formulating Health, Safety, Environment (HSE) policies in the Company.

12. Menjaga perusahaan selalu mematuhi Undang-Undang dan peraturan yang mempunyai ketentuan hukum, termasuk Undang-Undang Perpajakan, persaingan yang sehat, perburuhan, *health, safety, security and environment* (HSSE).
13. Memenuhi *Key Performance Indicator* (KPI) yang jelas, lengkap dan berimbang, baik dari aspek keuangan maupun non-keuangan untuk menentukan pencapaian misi dan tujuan perusahaan sesuai dengan *Performance Contract*.
14. Menindaklanjuti temuan-temuan auditor internal dan auditor eksternal dan melaporkannya kepada Dewan Komisaris.
15. Melaporkan informasi-informasi yang relevan kepada Dewan Komisaris, antara lain mengenai suksesi/mutasi/promosi manajer kunci (senior), program pengembangan SDM, kegiatan tanggung jawab sosial perusahaan (*Corporate Social Responsibility*), pertanggungjawaban manajemen risiko, pelaksanaan HSSE dan kinerja pemanfaatan teknologi informasi.
16. Melaksanakan tanggung jawab sosial (*Corporate Social Responsibility*) atas nama perusahaan.
17. Membuat sistem yang formal dan transparan mengenai pengangkatan pekerja, penentuan gaji, dan pelaksanaan evaluasi secara *fair* terhadap kinerja pekerja yang merupakan *cascading* dari KPI Direksi. Pencapaian KPI pekerja menjadi salah satu alat pertimbangan pemberian *reward and consequences* kepada pekerja yang bersangkutan, sistem ini harus juga mencerminkan kepentingan perusahaan dan berlaku efektif setelah disetujui Dewan Komisaris.
18. Mengembangkan dan memimpin penerapan pedoman *Good Corporate Governance*, termasuk menyusun ketentuan yang mengatur mekanisme pengukuran serta pelaporan atas dugaan penyimpangan yang mungkin terjadi.
19. Menetapkan kebijakan tentang sistem pengendalian internal yang efektif untuk mengamankan investasi, kegiatan usaha dan aset korporasi.
20. Mengungkapkan penerapan *Good Corporate Governance* di Perseroan dan informasi penting dalam laporan tahunan dan laporan keuangan dan informasi lainnya kepada pihak lain, sesuai peraturan perundang-undangan yang berlaku secara tepat waktu, akurat, jelas dan objektif.
21. Memastikan terjaminnya hak-hak *stakeholders* yang timbul berdasarkan peraturan perundang-undangan yang berlaku dan/atau perjanjian yang dibuat oleh korporasi dengan pekerja, pengguna jasa, pemasok dan *stakeholders* lainnya.
22. Menjalankan kewajiban-kewajiban lainnya sesuai dengan ketentuan-ketentuan yang diatur dalam Anggaran Dasar atau yang ditetapkan oleh RUPS dan peraturan

12. Maintaining the Company's compliance with laws and regulations that have legal provisions, including taxation laws, fair competition, labor, health, safety, security and environment (HSSE).
13. Fulfilling a clear, complete, and balanced Key Performance Indicator (KPI), both from financial and non-financial aspects to determine the achievement of the Company's mission and objectives in accordance with the Performance Contract.
14. Following up the findings of the internal and external auditors and reporting them to the Board of Commissioners.
15. Reporting relevant information to the Board of Commissioners, including the succession/transfer/promotion of key managers (senior), HC development programs, Corporate Social Responsibility activities, risk management accountability, HSSE implementation and performance of information Technology utilization.
16. Carrying out Corporate Social Responsibility on behalf of the Company.
17. Creating a formal and transparent system regarding the recruitment of workers, determination of salaries, and implementation of fair evaluation of employee's performance which is the cascading of the KPI of the Board of Directors. The achievement of employee's KPIs is one of the tools for considering reward and consequences for the employees concerned. This system must also reflect the Company's interests and be effective after the approval of the Board of Commissioners.
18. Developing and leading the implementation of Code of Good Corporate Governance, including formulating provisions governing measurement mechanisms and reporting on suspected deviations that may occur.
19. Formulating policies regarding an effective internal control system to safeguard investment, business activities and corporate assets.
20. Disclosing the implementation of Good Corporate Governance in the Company and important information in annual reports and financial statements as well as other information to other parties, in accordance with prevailing laws and regulations in a timely, accurate, clear, and objective manner.
21. Ensuring that the rights of stakeholders arise based on the applicable laws and regulations and / or agreements made by the corporation with employees, service users, suppliers and other stakeholders.
22. Carrying out other obligations in accordance with the provisions stipulated in the Articles of Association or stipulated by the GMS and laws and regulations.

Tugas dan Wewenang Masing-Masing Direktur

Tugas dan Wewenang Direktur Utama

1. Mengarahkan dan mengendalikan kebijakan visi, misi, tujuan serta penyusunan strategi dan kebijakan, perencanaan serta pelaksanaan seluruh kegiatan perusahaan secara efisien dan efektif;
2. Mengarahkan dan mengendalikan penyusunan rencana korporat perusahaan serta strategi dan kebijakan pengelolaan dan pengembangan usaha serta menetapkannya menjadi acuan dalam pelaksanaan tugas;
3. Mengendalikan seluruh kegiatan manajerial dan operasional layanan perusahaan baik layanan medis, perawatan, dan layanan penunjang lainnya sesuai rencana kerja yang disepakati;
4. Memimpin para anggota Direksi dalam melaksanakan keputusan Direksi;
5. Menyelenggarakan dan memimpin Rapat Direksi secara periodik sesuai ketetapan Direksi atau rapat-rapat lain apabila dipandang perlu sesuai usulan Direksi;
6. Atas nama Direksi, mengesahkan semua Surat Keputusan Direksi;
7. Mewakili Perseroan di dalam dan di luar Pengadilan dengan ketentuan semua tindakan Direktur Utama tersebut telah disetujui dalam Rapat Direksi;
8. Mengkoordinasikan fungsi-fungsi antara lain *Corporate Secretary*, Internal Audit, Pengembangan, SDM dan Keuangan dalam mencapai sasaran kinerja Persero yang telah ditetapkan;
9. Menentukan keputusan yang diambil apabila dalam Rapat Direksi terdapat jumlah suara yang setuju dan tidak setuju sama banyaknya;
10. Bila dipandang perlu, Direktur Utama dapat memberikan informasi kepada *stakeholders* terhadap keputusan Direksi yang memberi dampak besar kepada publik baik yang berkaitan dengan keputusan bisnis, aspek legal, ataupun isu–isu tentang perusahaan yang berkembang di masyarakat;
11. Direktur Utama berkonsentrasi kepada koordinasi pemecahan masalah eksternal perusahaan, kebijakan perencanaan-pengendalian-pencapaian sasaran jangka panjang perusahaan, kebijakan hukum, kebijakan audit, pembentukan budaya perusahaan, peningkatan citra, dan Tata Kelola Perusahaan (GCG);
12. Mengendalikan upaya peningkatan mutu layanan dan kepuasan pelanggan serta seluruh *stakeholder*

Duties and Authorities of Each Director

Duties and Authorities of President Director

1. Directing and controlling the vision, mission, objectives and formulation of strategies and policies, planning and implementing all of the Company's activities efficiently and effectively;
2. Directing and controlling the formulation of corporate plans as well as strategies and policies for business management and development as well as establishing them as a reference in carrying out duties;
3. Controlling all managerial activities and operational services of the Company, both medical services, nursing, and other supporting services according to the agreed work plan;
4. Leading the members of the Board of Directors in implementing the decrees of the Board of Directors;
5. Organizing and chairing the Board of Directors' meetings periodically in accordance with the Board of Directors' decrees or other meetings if deemed necessary according to the Directors' recommendations;
6. On behalf of the Board of Directors, ratifying all of the Board of Directors Decree;
7. Representing the Company inside and outside the court provided that all of the President Director's actions have been approved in the Board of Directors Meeting;
8. Coordinating functions including Corporate Secretary, Internal Audit, Development, Human Capital, and Finance in achieving the performance targets of the Company;
9. Determining the decision to be taken if in the Board of Directors Meeting there are an equal number of agreement and disagreement votes;
10. If deemed necessary, the President Director can provide information to stakeholders regarding the decrees of the Board of Directors which have a major impact on the public, whether related to business decisions, legal aspects, or issues concerning the Company that are developing in the community;
11. The President Director concentrating on the coordination of solving the Company's external problems, policies on planning-controlling-achieving the Company's long-term goals, legal policies, auditing policies, building corporate culture, improving its image and Corporate Governance (GCG);
12. Controlling efforts to improve service quality and satisfaction of customers as well as all stakeholders.

Tugas dan Wewenang Direktur Keuangan dan Manajemen Risiko

1. Memimpin dan mengendalikan pengembangan kebijakan, pengelolaan dan pelaporan keuangan guna meningkatkan kinerja korporasi.
2. Bertanggung jawab atas kebijakan-kebijakan keuangan sesuai keputusan Direksi serta efektivitas dan efisiensi fungsi-fungsi Keuangan di seluruh korporasi serta pencapaian sasaran kinerja operasional Direktorat Keuangan dan Manajemen Risiko.
3. Mengarahkan, mengkoordinasikan penyusunan Rencana Kerja dan Anggaran Perusahaan serta pengendalian secara akuntansi atas biaya-biaya pendapatan dan keuntungan serta tingkat investasi secara korporat.
4. Mengkonsolidasi, mengendalikan dan mengawasi penyusunan dan pelaksanaan arus kas Perusahaan berdasarkan Rencana Kerja dan Anggaran korporasi dalam rangka usaha peningkatan efisiensi.
5. Mengarahkan dan mengendalikan pengelolaan keuangan korporasi meliputi pendanaan, anggaran, perbendaharaan, akuntansi, pajak, asuransi.
6. Memimpin dan mengarahkan pengelolaan teknologi informasi dalam *information & technology enterprise wide systems* guna mendukung inovasi-inovasi bisnis korporasi dan *holding*.
7. Menetapkan rencana strategis jangka panjang Direktorat Keuangan dan Manajemen Risiko.
8. Menetapkan kebijakan dan melakukan pembinaan SDM di bawah kendali Direktorat Keuangan dan Manajemen Risiko.

Duties and Authorities of Director of Finance and Risk Management

1. Leading and controlling development of policy, financial management and reporting in order to improve corporate performance.
2. Being responsible for financial policies in accordance with the decisions of the Board of Directors as well as the effectiveness and efficiency of financial functions throughout the corporation as well as the achievement of operational performance targets for the Directorate of Finance.
3. Directing and coordinating the preparation of the Company's Work Plan and Budget as well as accounting control over the costs of income and profits as well as the level of corporate investment.
4. Consolidating, controlling and supervising the preparation and implementation of the Company's cash flows based on the Company's Work Plan and Budget in order to increase efficiency.
5. Directing and controlling corporate financial management including funding, budget, treasury, accounting, tax, and insurance.
6. Leading and directing the management of information technology in information & technology enterprise-wide systems to support corporate and holding business innovations.
7. Establishing the Directorate of Finance's long-term strategic plan.
8. Formulating policies and conducting development to human capital under the control of the Directorate of Finance.

Tugas dan Wewenang Direktur Operasi

1. Memimpin dan mengendalikan pengembangan kebijakan, pengelolaan dan pelaporan transformasi bisnis guna meningkatkan kinerja korporasi.
2. Bertanggung jawab atas kebijakan-kebijakan Pengembangan, Pemasaran, dan kerja sama bisnis sesuai keputusan Direksi serta efektivitas dan efisiensi fungsi-fungsi di bawah Direktorat Operasi serta pencapaian sasaran kinerja operasional Direktorat Operasi.
3. Membuat analisis mengenai kegiatan transformasi dengan mengoptimalkan utilisasi yang ada.
4. Memimpin dan mengarahkan perencanaan investasi guna mendukung inovasi-inovasi bisnis korporasi dan *holding* serta memastikan efektivitas perencanaan dan pelaksanaan investasi.
5. Mengarahkan, mengendalikan dan mengawasi seluruh kegiatan dalam strategi dan implementasi yang berkaitan dengan tata kelola dan pengendalian risiko

Duties and Authorities of Director of Operations

1. Leading and controlling the development of policies, management and reporting of business transformation in order to improve corporate performance.
2. Being responsible for development, marketing and business cooperation policies according to the decision of the Board of Directors as well as the effectiveness and efficiency of the functions under the Directorate of Operations and the achievement of operational performance targets for the Directorate of Operations.
3. Analyzing transformation activities by optimizing existing utilization.
4. Leading and directing investment planning to support corporate and holding business innovations as well as ensuring the effectiveness of investment planning and implementation.
5. Directing, controlling, and supervising all activities in strategy and implementation related to governance and risk control.

6. Memantau, mengendalikan dan mengevaluasi seluruh kebijakan dan analisa pertumbuhan bisnis, inovasi produk, peluang-peluang bisnis baru dan strategi pemasarannya serta membangun hubungan yang baik dengan para investor dan mitra bisnis.
7. Mengarahkan, mengkoordinasikan penyusunan Rencana Kerja dan Anggaran Direktorat Operasi.
8. Mengendalikan pengelolaan biaya pengembangan dan pemasaran secara efektif dan efisien, transparan, akuntabel dan *auditable*; serta mampu meningkatkan pendapatan yang berdampak pada pengembangan perusahaan.
9. Merencanakan, menyusun, menganalisa dan mengevaluasi strategi pengembangan produk dan kerja sama bisnis.
10. Merencanakan, menyusun, menganalisa dan mengevaluasi strategi pemasaran korporasi dan unit usaha.
11. Menetapkan rencana strategis jangka panjang Direktorat Operasi.
12. Menetapkan kebijakan dan melakukan pembinaan SDM di bawah kendali Direktorat Operasi.

6. Monitoring, controlling and evaluating all policies and analysis of business growth, product innovation, new business opportunities and marketing strategies as well as building good relationships with investors and business partners.
7. Directing and coordinating the preparation of the Work Plan and Budget of the Directorate of Operations.
8. Controlling the management of development and marketing costs in an effective and efficient, transparent, accountable, and auditable manner; as well as being able to increase revenue which has an impact on the Company's development.
9. Planning, compiling, analyzing, and evaluating product development strategies and business cooperation.
10. Planning, compiling, analyzing, and evaluating corporate and business unit marketing strategies.
11. Formulating a long-term strategic plan for the Directorate of Operations.
12. Formulating policies and carrying out human capital development under the control of the Directorate of Operations.

Tugas dan Wewenang Direktur Medis

1. Memimpin dan mengendalikan pengembangan kebijakan, pengelolaan dan pelaporan operasional medis guna meningkatkan kinerja korporasi.
2. Bertanggung jawab atas kebijakan-kebijakan operasional & *Procurement* sesuai keputusan Direksi serta efektivitas dan efisiensi fungsi-fungsi di bawah Direktorat Medis serta pencapaian sasaran kinerja operasional Direktorat Medis.
3. Memantau, mengendalikan dan mengevaluasi seluruh penyelenggaraan kegiatan pelayanan kesehatan di unit-unit usaha sehingga tercipta pelayanan Kesehatan yang berkualitas, termasuk kualitas pelayanan medik, keperawatan, pengawasan dan pengendalian penunjang pelayanan medik, dan keperawatan. Serta menjaga mutu klinis, keselamatan pasien dan semaksimal mungkin meminimalisasi permasalahan-permasalahan yang berkaitan dengan mutu klinis dan keselamatan pasien.
4. Mengarahkan, mengkoordinasikan penyusunan Rencana Kerja dan Anggaran Direktorat Medis.
5. Mengendalikan pengelolaan biaya operasional dan SDM secara efektif dan efisien, transparan, akuntabel dan *auditable*; serta mampu meningkatkan pendapatan yang berdampak pada pengembangan perusahaan.
6. Memastikan terciptanya penataan sistem *managed care* dan pengelolaan dana kesehatan dengan strategik dan terintegrasi di seluruh unit usaha sesuai dengan strategi dan perkembangan bisnis.

Duties and Authorities of Director of Medical Operations

1. Leading and controlling the development of policies, management and reporting of medical operations in order to improve corporate performance.
2. Being responsible for operational & procurement policies according to the decision of the Board of Directors as well as the effectiveness and efficiency of the functions under the Directorate of Medical Operations and the achievement of operational performance targets for the Directorate of Medical Operations.
3. Monitoring, controlling, and evaluating implementation of health service activities in business units so as to create quality health services, including the quality of medical services, nursing, supervision and control of supporting medical services, and nursing. Maintaining clinical quality, patient safety and as much as possible minimizing issues related to clinical quality and patient safety.
4. Directing and coordinating the preparation of the Work Plan and Budget of the Directorate of Medical Operations.
5. Controlling the management of operational costs and human capital in an effective and efficient, transparent, accountable and auditable manner; as well as being able to increase revenue which has an impact on the Company's development.
6. Ensuring the creation of a managed care system arrangement and health fund management in a strategic and integrated manner in all business units in accordance with business strategy and development.

7. Memimpin, Mengarahkan, mengawasi dan menentukan kebijakan yang berkaitan dengan fungsi HSE agar pelaksanaan layanan fungsi HSE dapat berjalan sesuai dengan rencana dan ketentuan yang berlaku.
8. Memimpin, Mengarahkan, mengawasi dan menentukan kebijakan yang berkaitan dengan *Procurement* agar pelaksanaan *Procurement* dapat berjalan efektif dan efisien sesuai dengan rencana dan ketentuan yang berlaku dengan dukungan sistem yang terintegrasi.
9. Menetapkan rencana strategis jangka panjang Direktorat Medis.
10. Menetapkan kebijakan dan melakukan pembinaan SDM di bawah kendali Direktorat Medis.

7. Leading, directing, supervising, and determining policies related to the HSE function so that the implementation of HSE function services can run in accordance with the applicable plans and regulations.
8. Leading, directing, supervising and determining policies related to Procurement so that the implementation of Procurement can run effectively and efficiently in accordance with the applicable plans and regulations with the support of an integrated system
9. Formulating a long-term strategic plan for the Directorate of Medical Operations.
10. Formulating policies and conducting HR development under the control of the Directorate of Medical Operations.

Susunan Direksi

Pada tahun 2021, komposisi anggota Direksi Pertamedika IHC mengalami perubahan. Berdasarkan Keputusan Pemegang Saham Secara Sirkuler PT Pertamina Bina Media IHC tanggal 9 Juni 2021, Pemegang Saham menyetujui pengangkatan Bapak Budirahardjo Legowo sebagai Direktur Keuangan dan Manajemen Risiko, Bapak Asep Saepul Rohmat sebagai Direktur Medis, dan Ibu Mira Dyah Wahyuni sebagai Direktur Operasi. Dengan demikian, susunan Direksi PT Pertamina Bina Medika IHC per tanggal 31 Desember 2021 adalah sebagai berikut:

Composition of the Board of Directors

In 2021, the composition of the members of the Board of Directors of Pertamedika IHC has changed. Based on the Circular Shareholder Decree of PT Pertamina Bina Media IHC dated June 9, 2021, the Shareholders approved the appointment of Mr. Budirahardjo Legowo as Director of Finance and Risk Management, Mr. Asep Saepul Rohmat Wahjuni as Director of Medical Operations, and Mrs. Mira Dyah Wahyuni as Director of Medical Operations. Thus, the composition of the Board of Directors of PT Pertamina Bina Medika IHC as of December 31, 2021 is as follows:

No	Nama / Name	Jabatan / Position
1	Fathema Djan Rachmat	Direktur Utama / President Director
2	Budirahardjo Legowo	Direktur Keuangan dan Manajemen Risiko / Director of Finance and Risk Management
3	Asep Saepul Rohmat	Direktur Medis / Director of Medical Operations
4	Mira Dyah Wahyuni	Direktur Operasi / Director of Operations

Board Charter

Sebagai pedoman bagi Direksi dalam menjalankan fungsi dan perannya, Direksi Pertamedika IHC telah memiliki *Board Manual* yang selalu diperbaharui secara berkala sesuai dengan perkembangan industri. Dalam *Board Manual* ini, dijelaskan mengenai tahapan aktivitas secara terstruktur, sistematis, mudah dipahami dan dapat dijalankan dengan konsisten, sehingga dapat menjadi acuan hubungan kerja bagi Direksi dan Dewan Komisaris dalam melaksanakan tugas masing-masing.

Board Manual yang ada saat ini telah disepakati dan ditandatangani oleh Direksi dan Dewan Komisaris di tahun 2014 dan telah disempurnakan pada tahun 2017 dan 2019. Isi dari *Board Manual* yang berhubungan dengan Direksi antara lain:

a. Persyaratan, Komposisi dan Masa Jabatan Direksi

b. Susunan dan Tugas & Wewenang Direksi

Board Charter

As a guideline for the Board of Directors in carrying out their functions and roles, the Board of Directors of Pertamedika IHC has a Board Manual which is always updated regularly in accordance with industry developments. This Board Manual explains the stages of activity in a structured, systematic, easy to understand and consistent manner, so that it can serve as a reference for the working relationship for the Board of Directors and the Board of Commissioners in carrying out their respective duties.

The current Board Manual was approved and signed by the Board of Directors and the Board of Commissioners in 2014 and was improved in 2017 and 2019. The contents of the Board Manual relating to the Board of Directors include:

a. Requirements, Composition and Term of Office of the Board of Directors
b. Composition and Duties & Authorities of the Board of Directors

c. Program Pengenalan dan Peningkatan Kapabilitas
d. Batasan dan Kewenangan Direksi
e. Perbuatan Direksi Yang Wajib Memperoleh Persetujuan RUPS
f. Independensi (Kemandirian) Direksi
g. Etika Jabatan Anggota Direksi
h. Hak Direksi
i. Remunerasi Direksi
j. Rapat Direksi
k. Evaluasi Kinerja Direksi
l. Fungsi Pendukung

Keberagaman Komposisi Direksi

Keberagaman anggota Direksi menjadi faktor penting yang keberadaannya dapat mendukung pelaksanaan tugas Direksi di Perseroan. Keberagaman dalam latar belakang Pendidikan dan pengalaman kerja ini mendorong sesama Direksi untuk dapat bekerja sama secara sinergis. Keberagaman ini telah disesuaikan dengan kebutuhan dan kompleksitas dari usaha yang dijalankan.

Aspek keberagaman dalam komposisi Dewan Direksi tercermin dari unsur yang dimiliki oleh para anggota Direksi, antara lain seperti independensi, keahlian/pendidikan, pengalaman kerja, dan usia. Komposisi Direksi PT Pertamina Bina Medika IHC yang menjabat saat ini telah memenuhi unsur keberagaman sebagaimana diuraikan di atas.

Hubungan Kerja Antara Dewan Komisaris dan Direksi

Tercapainya kinerja Perseroan secara optimal salah satunya ditentukan oleh adanya hubungan kerja yang baik antara Dewan Komisaris dengan Direksi. Hal tersebut juga berperan penting dalam menjaga efektivitas dan efisiensi pelaksanaan tugas dari masing-masing organ.

Untuk itu, Perseroan menerapkan prinsip-prinsip sebagai berikut:

a. Dewan Komisaris menghormati fungsi dan peranan Direksi dalam mengurus Perseroan sebagaimana telah diatur dalam peraturan perundang-undangan maupun Anggaran Dasar.

b. Direksi menghormati fungsi dan peranan Dewan Komisaris untuk melakukan pengawasan dan pemberian nasihat terhadap kebijakan pengurusan Perseroan.
c. Korespondensi antara Dewan Komisaris dengan Direksi menggunakan format surat yang di dalamnya mengandung penjelasan maksud dan tujuan atas surat tersebut.
d. Setiap hubungan kerja antara Dewan Komisaris dengan Direksi merupakan hubungan yang bersifat formal, dalam arti harus senantiasa dilandasi oleh suatu mekanisme baku atau korespondensi yang dapat dipertanggungjawabkan.

c. Orientation and Capability Improvement Programs
d. Limitations and Authorities of the Board of Directors
e. Actions of the Board of Directors Requiring GMS Approval
f. Independence of the Board of Directors
g. Position Ethics of Members of the Board of Directors
h. Rights of the Board of Directors
i. Remuneration of the Board of Directors
j. Meeting of the Board of Directors
k. Performance Evaluation of the Board of Directors
l. Support Functions

Diverse Composition of the Board of Directors

Diversity of the members of the Board of Directors is an important factor that can support the implementation of the duties of the Board of Directors in the Company. This diversity in educational background and work experience encourages fellow Directors to work together in a synergic manner. Such diversity has been adapted to the needs and complexity of the Company's business.

The diversity aspect in the composition of the Board of Directors is reflected in the elements possessed by members of the Board of Directors, such as independence, expertise/education, work experience, and age. The composition of the current Board of Directors of PT Pertamina Bina Medika IHC has fulfilled the diversity element as described above.

Work Relations between the Board of Commissioners and the Board of Directors

The optimal achievement of the Company's performance is determined by, among other things, a good working relation between the Board of Commissioners and the Board of Directors. It also plays an important role in maintaining the effectiveness and efficiency of the implementation of the duties of each organ.

To that end, the Company applies the following principles:

a. The Board of Commissioners respects the function and role of the Board of Directors in managing the Company as stipulated in laws and regulations as well as the Articles of Association.
b. The Board of Directors respects the function and role of the Board of Commissioners to supervise and provide advice on the management policies of the Company.
c. Correspondence between the Board of Commissioners and the Board of Directors uses a letter format which contains an explanation of the purpose of the letter.
d. Every working relations between the Board of Commissioners and the Board of Directors is a formal relationship, meaning that it must always be based on a standard mechanism or accountable correspondence.

e. Setiap hubungan kerja yang bersifat informal dapat dilakukan oleh masing-masing Anggota Dewan Komisaris dan anggota Direksi, namun tidak dapat dipakai sebagai kebijakan formal sebelum melalui mekanisme atau korespondensi yang dapat dipertanggungjawabkan.
f. Setiap hubungan kerja antara Dewan Komisaris dengan Direksi merupakan hubungan kelembagaan dalam arti bahwa Dewan Komisaris dan Direksi sebagai jabatan kolektif yang merepresentasikan keseluruhan anggotanya sehingga setiap hubungan kerja antara Anggota Dewan Komisaris dengan salah seorang Anggota Direksi harus diketahui oleh anggota Dewan Komisaris dan anggota Direksi lainnya.

e. Each member of the Board of Commissioners and the Board of Directors can work informal relations but cannot be used as a formal policy before going through an accountable mechanism or correspondence.

f. Every work relationship between the Board of Commissioners and the Board of Directors is an institutional relationship in the sense that the Board of Commissioners and the Board of Directors act as collective positions that represent all of its members, so that any working relationship between a member of the Board of Commissioners and one of the members of the Board of Directors must be known by members of the Board of Commissioners and other members of the Board of Directors.

Remunerasi Direksi

Untuk seluruh kinerja yang diberikan kepada Perseroan, anggota Direksi memperoleh gaji, tunjangan serta fasilitas, termasuk santunan purna jabatan yang jenis dan jumlahnya ditetapkan oleh RUPS dengan memperhatikan ketentuan peraturan perundang-undangan yang berlaku.

Prosedur Penetapan Remunerasi Direksi

1. Remunerasi Direksi Perseroan diusulkan oleh Direksi setelah mendapat rekomendasi Dewan Komisaris untuk ditetapkan dan disetujui oleh RUPS.

2. Ketentuan dan perhitungan remunerasi Direksi ditetapkan berdasarkan Pedoman Pengelolaan Anak Perusahaan dan Perusahaan Patungan Pertamina

Indikator Penetapan Remunerasi

Penetapan Penghasilan (Remunerasi) yang berupa Gaji/ Honorarium, Tunjangan, dan Fasilitas yang bersifat tetap dilakukan dengan mempertimbangkan faktor-faktor:

1. Pendapatan Perusahaan;
2. Aktiva;
3. Kondisi dan kemampuan keuangan Perusahaan yang bersangkutan;
4. Tingkat inflasi;
5. Faktor-faktor lain yang relevan; dan
6. Kepatuhan, yaitu tidak boleh bertentangan dengan peraturan perundang-undangan.

Remuneration of the Board of Directors

For all performance provided to the Company, members of the Board of Directors receive salaries, allowances, and facilities, including retirement benefits, the types and amounts of which are determined by the GMS with due observance of the provisions of prevailing laws and regulations.

Procedures in Determining the Remuneration of the Board of Directors

1. Remuneration for the Board of Directors of the Company is proposed by the Board of Directors after receiving a recommendation from the Board of Commissioners to be determined and approved by the GMS.
2. Provisions and calculations for the remuneration of the Board of Directors are stipulated based on the Guidelines for the Management of Pertamina's Subsidiaries and Joint Venture Companies.

Remuneration Determination Indicators

Determination of fixed income (Remuneration) in the form of Salary/Honorarium, Allowances, and Facilities s carried out by considering the following factors:

1. Revenue of the Company;
2. Assets;
3. Financial condition and capacity of the Company concerned;
4. Inflation rate;
5. Other relevant factors; and
6. Compliance, that is, it must not conflict with statutory regulations.

Penetapan Penghasilan (Remunerasi) yang berupa Tantiem yang bersifat variabel dilakukan dengan mempertimbangkan faktor-faktor:

1. Kinerja Perusahaan, termasuk EBITDA dan *Key Performance Indicators* (KPI);
2. Tingkat Kesehatan;
3. Kondisi dan kemampuan keuangan Perusahaan yang bersangkutan; dan
4. Faktor-faktor lain yang relevan.

Determination of income (Remuneration) in the form of a variable Tantiem is carried out by considering the following factors:

1. The Company's performance, including EBITDA and Key Performance Indicators (KPI);
2. Soundness Level;
3. Financial condition and capacity of the Company; and
4. Other relevant factors.

Remunerasi Direksi mengacu kepada Keputusan RUPS Secara Sirkuler tentang Penyesuaian Remunerasi Direksi dan Dewan Komisaris Perseroan Tahun Buku 2019 tanggal 24 Juni 2019 dan Keputusan RUPS Secara Sirkuler tentang Penetapan Remunerasi Direksi dan Dewan Komisaris Perseroan Tahun 2021 tanggal 16 Desember 2021.

The remuneration of the Board of Directors refers to the Circular GMS Resolution regarding the Adjustment of the Remuneration for the Board of Directors and the Board of Commissioners of the Company for the 2019 Financial Year dated 24 June 2019 and the Circular GMS Resolution concerning the Determination of the 2021 Board of Directors and Board of Commissioners Remuneration on 16 December 2021.

Komponen Remunerasi Direksi

Remuneration Components of the Board of Directors

Jabatan / Position	Honorarium / Honorarium	Tunjangan / Allowance	Aspunjab / Post-Employment Benefit	THR / Holiday Allowance	Tantiem / Tantiem	Pajak / Tax	Total
Direksi / Board of Directors	4.446.855.300	1.182.500.000	1.527.228.300	330.402.298	3.374.452.055	2.127.300.508	**12.988.738.461**

Rapat Direksi

Direksi dapat mengadakan Rapat setiap waktu, apabila:

1. Dianggap perlu oleh seorang atau lebih anggota Direksi.
2. Atas permintaan tertulis dari seorang atau lebih anggota Dewan Komisaris.
3. Pemegang saham yang memiliki jumlah saham terbesar dengan menyebutkan hal-hal yang akan dibicarakan.

Board of Directors Meeting

The Board of Directors can hold a meeting at any time, if:

1. Deemed necessary by one or more members of the Board of Directors.
2. Upon a written request from one or more members of the Board of Commissioners.
3. Shareholders who have the largest number of shares by mentioning the matters to be discussed.

Pada tahun 2021, Direksi mengadakan rapat sebanyak 28 kali, dengan rincian sebagai berikut:

In 2021, the Board of Directors held 28 meetings, with the following details:

Nama / Name	Jabatan / Position	Jumlah Rapat / Total Meetings	Jumlah Kehadiran / Total Attendance	Tingkat Kehadiran (%) / Attendance Rate (%)
Fathema Djan Rachmat	Direktur Utama / President Director	28	28	100%
Budirahardjo Legowo	Direktur Keuangan dan Manajemen Risiko / Director of Finance and Risk Management	19	19	100%
Asep Saepul Rohmat	Direktur Medis / Director of Medical Operations	24	24	100%
Mira Dyah Wahyuni	Direktur Operasi / Director of Operations	19	19	100%
Catur Dermawan	Direktur Keuangan / Director of Finance	9	9	100%
Rainier Haryanto	Direktur Transformasi Bisnis / Director of Business Transformation	9	9	100%

Agenda Rapat Direksi 2021 / Board of Directors Meeting Agendas in 2021

No	Tanggal / Date	Agenda	
1	19 Februari 2021 / February 19, 2021	1. Laporan IA tahun 2020 2. HSSE 3. Struktur Organisasi AP 4. SDM RS Ukrida 5. BPJS RS Prabumulih	1. 2020 IA Report 2. HSSE 3. AP Organizational Structure 4. Ukrida Hospital HR 5. BPJS of Prabumulih Hospital
2	26 Februari 2021 / February 26, 2021	1. HSSE 2. Performance januari 2021 dan audit statement 2020 3. Struktur Organisasi 4. SDM 5. Kerjasama pengembangan RS Bali dengan HIN	1. HSSE 2. January 2021 performance and 2020 audit statemntes 3. Organizational Structure 4. HR 5. Cooperation with HIN on the development of Bali Hospital
3	5 Februari 2021 / February 5, 2021	1. KSO MRI RSPB 2. RS Khusus Jantung Balikpapan 3. Investasi Merial Tower RS Pelni	1. MRI Operational Cooperation of RSPB 2. Balikpapan Specialized Hospital for Heart Diseases 3. Investments in the Merial Tower, Pelni Hospital
4	27 Mei 2021 / May 27, 2021	1. Usulan penjualan asset PT RSBT 2. Sewa asset PTPN XI-NSM 3. Pelepasan saham Latinusa di PT KM 4. Deviden RS Pelni & NMU 5. Persetujuan pinjaman jangka panjang PT RS Pelni	1. Proposal on selling the assets of PT RSBT 2. Asset rental of PTPN XI-NSM 3. Latinusa share issuance at PT KM 4. Dividends of Pelni Hospital & NMU 5. Approval for long-term loans of PT RS Pelni
5	14 Agustus 2021 / August 14, 2021	1. *Update* tagihan Kemenkes 2. Struktur Organisasi	1. Ministry of Health billing update 2. Organizational Structure
6	25 Agustus 2021 / August 25, 2021	Pembahasan hutang RSBT di PT Brantas Abipraya	Discussions regarding RSBT's debt at PT Brantas Adipraya
7	16 April 2021 / April 16, 2021	1. HSSE 2. *Homecare*	1. HSSE 2. Homecare
8	24 September 2021 / September 24, 2021	1. *Unlock value* 2. *Rebranding* 3. Alih fungsi RSPJ 4. Struktur Organisasi 5. PMO RS Bali dan RS Bandung	1. Unlock value 2. Rebranding 3. RSPJ function transfer 4. Organizational Structure 5. PMO of Bali and Bandung Hospitals
9	22 Oktober 2021 / October 22, 2021	1. Hasil visitasi Kemenkes RS Pertamina Tanjung Duren 2. Implementasi OSS 3. Implementasi Telemedicine 4. MCCN 5. Program rujuk merujuk 6. Kerjasama UIN 7. Akuisisi RS	1. Visitation result of the Ministry of Health at the Pertamina Tanjung Duren Hospital 2. OSS implementation 3. Telemedicine implementation 4. MCCN 5. Medical referral program 6. Partnership with UIN 7. Hospital acquisition
10	9 September 2021 / September 9, 2021	RJPP 2020-2024	RJPP 2020-2024
11	10 September 2021 / September 10, 2021	1. Laporan HSE 2. *Performance* klinik 3. Rencana kerjasama Pertahealth 4. Kerjasama solar panel 5. Tugas PJ Regional	1. HSE report 2. Clinic performance 3. Plans on partnership with Pertahealth 4. Solar panel cooperation 5. Regional PIC duties
12	4 Juni 2021 / June 4, 2021	Remunerasi	Remuneration
13	19 Juni 2021 / June 19, 2021	1. Pembangunan Merial Tower 2. Pembangunan RS Jantung Balikpapan 3. Renovasi RSPP 4. Pembangunan RS Makasar 5. Standarisasi desain	1. Construction of Merial Tower 2. Construction of Balikpapan Heart-Specialized Hospital 3. RSPP Renovation 4. Construction of Makassar Hospital 5. Design standardization
14	14 Juli 2021 / July 14, 2021	Tinjauan manajemen puncak system manajemen anti penyuapan	Top management review on the anti-bribery management system
15	30 Oktober 2021 / October 30, 2021	1. Pengisian posisi vacant 2. Perubahan nama PT RSBT 3. Implementasi OSS 4. *Medical Service Plan*	1. Fulfilment of vacant positions 2. Change of name of PT RSBT 3. OSS implementation 4. Medical Service Plan
16	29 Oktober 2021 / October 29, 2021	1. Surat minat akuisisi RS oleh PHC 2. Implementasi OSS 3. Struktur Organisasi 4. Tagihan vaksin	1. Letter of Interest in Hospital Acquisition by PHC 2. OSS implementation 3. Organizational Structure 4. Vaccine billing
17	22 Januari 2021 / January 22, 2021	1. Vaksin 2. HSSE 3. Usulan penyertaan modal perseroan PT RS Pelabuhan 4. Kinerja Covid RSP Plaju 5. RKO RS dan Klinik 6. Renovasi RSPP 7. Usulan PT Prima Inti Medika 8. PMO IT	1. vaccine 2. HSSE 3. Proposal for company capital participation of PT RS Pelabuhan 4. Covid performance of RSP Plaju 5. Operational Workplans of Hospitals and Clinics 6. RSPP renovations 7. Proposal of PT Prima Inti Medika 8. PMO IT
18	26 Maret 2021 / March 26, 2021	1. HSSE 2. Insentif RSPJ 3. Insentif Klinik Pertamedika IHC	1. HSSE 2. RSPJ incentives 3. Incentives of Pertamedika IHC Clinic
19	16 April 2021 / April 16, 2021	1. HSSE 2. Insentif HHC	1. HSSE 2. HHC Incentives

No	Tanggal / Date	Agenda	
20	28 Agustus 2021 / August 28, 2021	1. Komunikasi korporasi 2. Rencana Pengembangan klinik 3. RKAP 2022 4. Rapat BOD 5. Desain interior RS Makasar 6. Pencapaian KPI 2021	1. Corporate communication 2. Clinic Development Plant 3. RKAP 2022 4. BOD meeting 5. Makassar Hospital interior design 6. 2021 KPI achievements
21	3 September 2021 / September 3, 2021	1. Laporan HSE 2. Progress penyusunan sistem remunerasi pekerja 3. Surat peminatan INA	1. HSE Report 2. Progress on the preparation of employee remuneration system 3. INA Proposal letter
22	31 Desember 2021 / December 31, 2021	1. Struktur Organisasi RSPP 2. Remunerasi AP	1. RSPP Organizational Structure 2. AP Remuneration
23	17 Desember 2021 / December 17, 2021	1. *Update progress* IHC Telemed 2. Permohonan KSO alat & SDM fisioterapi Klinik Pertamina 3. Tindak lanjut pengadaan investasi klinik	1. Update on IHC Telemed progress 2. Proposal on the operational workplan for physical therapy equipment and HR 3. Follow-up on clinic procurement investment
24	16 November 2021 / November 16, 2021	Pemaparan Internal Audit	Presentation of the Internal Audit
25	5 November 2021 / November 5, 2021	1. Ijin penggunaan anggaran operasional RSPC 2. Hasil negosiasi sewa bangunan Klinik BSD 3. Evaluasi FOPI dan DAKSPI	1. Permission to use the RSPC operational budger 2. Negotiation result of the building rental of BSD clinic 3. FOP and DAKSPI Evaluation
26	15 Oktober 2021 / October 15, 2021	1. Draft kajian hokum RS di Kawasan ekonomi 2. Usulan investasi RSPP 3. Permohonan kebutuhan pemenuhan rekomendasi RS Pertamina Tanjung Duren 4. Permohonan pembangunan area parker, poliklinik dan alkes RS Pertamina Tanjung Duren	1. Legal review draft of hospitals in the economic region 2. Proporsal on RSPP Investments 3. Proposal to fulfil the recommendations of Pertamina Tanjung Duren Hospital 4. Proposal on the construction of parking area and medical equipment of Pertamina Tanjung Duren Hospital
27	8 Oktober 2021 / October 8, 2021	1. Evaluasi kerjasama Ukrida 2. Kerjasama UIN	1. Evaluation on the partnership with UKRIDA 2. Partnership with UIN
28	5 Oktober 2021 / October 5, 2021	1. Materi RUPSLB 2. Kegiatan HUT PBM IHC ke 24	1. EGMS materials 2. PBM IHC 24th Anniversary activities

Program Pelatihan Direksi

Dalam rangka meningkatkan kualitas kinerja Direksi sebagai pihak pengelola dan pengurus Perseroan, dibutuhkan adanya pelatihan dan/atau pendidikan bagi Direksi, sehingga fungsi dan kapabilitasnya di dalam Perseroan dapat dimaksimalkan.

Sepanjang tahun 2021, pelatihan yang diikuti oleh anggota Direksi adalah sebagai berikut:

Training Programs of the Board of Directors

To improve the quality of the performance of the Board of Directors as the management and of the Company, training and/or education is required for the Board of Directors, so that their functions and capabilities in the Company can be maximized.

Throughout 2021, the trainings participated by members of the Board of Directors are as follows:

No	Tanggal Pelaksanaan / Implementation Date	Pelatihan / Training	Penyelenggara / Organizer
1	19, 23, 26, 30 Oktober dan 2 November 2021 / October 19, 23, 26, 30, and November 2, 2021	Programming Hospital Service Excellent / Hospital Service Excellent Programming	PT Sukses Ina Mandiri
2	19, 23, 26, 30 Oktober dan 2, 5 November 2021 / October 19, 23, 26, 30 and November 2, 5, 2021	Analisis Beban Kerja & Perencanaan Rumah Sakit / Hospital Workload Analysis and Planning	PT Sukses Ina Mandiri
3	21 Oktober 2021 / October 21, 2021	Meraih Customer 24/7 dengan Konten Marketing / Reach Customers 24/7 with Content Marketing	Hospital Marketing
4	17 November 2021 / November 17, 2021	Pelatihan Penyusunan Kerangka Acuan Kerja (KAK) yang Efektif / Training on Developing Effective Terms of Reference (TOR)	PT Daya Pakar Gemilang Health Care Consulting Group
5	15 - 16 November 2021 / November 15-16, 2021	PRIME III (Directorship Program) - Series I dan II	Pertamina Corporate University
6	22 November 2021 / November 22, 2021	PRIME III (Directorship Program) - Series III	Pertamina Corporate University
7	23 November 2021 / November 23, 2021	PRIME III (Directorship Program) - Series IV	Pertamina Corporate University
8	29 November 2021 / November 29, 2021	PRIME III (Directorship Program) - Series V	Pertamina Corporate University
9	30 November 2021 / November 30, 2021	PRIME III (Directorship Program) - Series VI	Pertamina Corporate University
10	6 Desember 2021 / December 6, 2021	PRIME III (Directorship Program) - Series VII	Pertamina Corporate University
11	14 Desember 2021 / December 14, 2021	The Future of Indonesia Digital Healthcare	Markplus
12	3 Februari 2022 / February 3, 2022	Competency Awareness Session Pertamina BEST (Batch 2)	Pertamina Corporate University
13	8 Maret 2022 / March 8, 2022	PKRS vs Humas vs Marketing	PERHUMASRI

Assessment Direksi

Kriteria *Assessment* Direksi

Penentuan kriteria yang digunakan dalam evaluasi kinerja Direksi ditetapkan dalam RUPS berdasarkan *Key Performance Indicator* (KPI) Direksi. Selain itu, kriteria penilaian kinerja Direksi juga dapat dilakukan secara individu yang diajukan oleh Komite Remunerasi Komisaris atau oleh Dewan Komisaris untuk ditetapkan dalam RUPS dengan setidaknya mencakup:

1. Penyusunan KPI pada awal tahun dan evaluasi pencapaiannya.
2. Tingkat kehadirannya dalam Rapat Direksi maupun rapat dengan Dewan Komisaris.
3. Kontribusinya dalam aktivitas bisnis Perseroan.
4. Keterlibatannya dalam penugasan-penugasan tertentu.
5. Komitmennya dalam memajukan kepentingan Perseroan.
6. Ketaatan terhadap peraturan perundang-undangan yang berlaku serta kebijakan Perseroan.
7. Pencapaian target Perseroan yang tertuang dalam RKAP dan Kontrak Manajemen

Mekanisme *Assessment* Direksi

Kinerja Direksi merupakan hasil kerja kolegial dari seluruh anggotanya yang tercermin pada realisasi Rencana Kerja Anggaran Perusahaan (RKAP) secara tahunan. Pengukuran keberhasilan kinerja Direksi dilakukan terhadap Tingkat Kesehatan Perusahaan dan KPI Direksi.

Pihak yang Melakukan *Assessment*

Untuk penilaian kinerja Direksi di Perseroan tahun 2022, pihak yang bertugas melakukan penilaian adalah Dewan Komisaris dan RUPS.

KPI Direksi 2021

KPI atau *Key Performance Indicators* merupakan parameter kualitatif yang digunakan untuk mengukur kinerja anggota Direksi. Proses penentuan KPI dilakukan oleh Perseroan secara berkala setiap awal tahun yang mencakup target-target untuk dicapai dalam rangka mendorong perkembangan Perseroan. Dalam menyusun KPI, Pertamedika IHC melakukan *challenge session* dengan pemegang saham terbesar Perseroan, yakni PT Pertamina (Persero) dan hasilnya kemudian disahkan melalui RUPS Sirkuler Perseroan. Penyusunan KPI juga dilakukan dengan memperhatikan prinsip SMART, yaitu *Specific* (Spesifik), *Measurable* (Terukur), *Attainable* (Dapat diraih), *Relevant* (Relevan), dan *Time-bound* (Memiliki target waktu).

Board of Directors Assessment

Board of Directors Assessment Criteria

The criteria used in evaluating the performance of the Board of Directors are stipulated in the GMS based on the Key Performance Indicator (KPI) of the Board of Directors. In addition, the criteria for evaluating the performance of the Board of Directors can also be carried out individually, proposed by the Remuneration Committee of the Commissioners or by the Board of Commissioners to be determined in the GMS with at least cover the following:

1. Preparation of KPIs at the beginning of the year and evaluation of their achievements.
2. Attendance level at the Board of Directors' meeting as well as meetings with the Board of Commissioners.
3. Contribution to the Company's business activities.
4. Involvement in certain assignments.
5. Commitment to advancing the interests of the Company.
6. Compliance with applicable laws and regulations as well as Company policies.
7. Achievement of the Company's targets as stated in the RKAP and Management Contract.

Assessment Mechanism/Process of the Board of Directors

Performance of the Board of Directors is the result of the collegial work of all its members, which is reflected in the realization of the Company's annual Work Budget and Plan (RKAP). The measurement of the success of the Board of Directors performance is carried out on the Company's Soundness Level and the Board of Directors' KPIs.

Assessor

The parties tasked with conducting performance assessment of the Board of Directors in the Company in 2020 are the Board of Commissioners and the GMS.

2021 Board of Directors KPI

KPIs or Key Performance Indicators are qualitative parameters used to measure the performance of members of the Board of Directors. The process of determining KPI is carried out by the Company on a regular basis at the beginning of the year which includes targets to be achieved in order to encourage the development of the Company. In preparing the KPI, Pertamedika IHC conducted a challenge session with the largest shareholder of the Company, namely PT Pertamina (Persero) and the results were then legalized through the Company's Circular GMS. KPI preparation is also carried out by taking into account the SMART principles, namely Specific, Measurable, Attainable, Relevant, and Time-bound.

Realisasi KPI Direksi Tahun 2021

Board of Directors KPI Realization in 2021

Perspektif / Perspective	Item	Satuan / Unit	Bobot / Weight	Tahun 2021 RKAP Revisi / 2021 RKAP Revision				Realisasi Triwulan-IV 2021 / Q4 Realization	*Performance* Triwulan-IV 2021 / Q4 Performance	*Weighted Performance (%)*
				Target Triwulan-I / Q1 Target	Target Triwulan-II / Q2 Target	Target Triwulan-III / Q3 Target	Target Triwulan-IV / Q4 Target			
Financial	1. Laba Bersih / Net Profit	Rp Milyar / In Billions of Rp	10%	144,39	217,79	291,19	639,72	692,32	108,2%	10,8%
	3. EBITDA	Rp Milyar / In Billions of Rp	15%	181,95	375,68	569,41	1.289,32	1.378,34	106,9%	16,0%
	3. Realisasi OPEX / OPEX Realization	%	2%	90	90	90	95	105	100,0%	2,0%
	4. *Return on Invested Capital* (ROIC)	%	2%	14	14	14	23	26	110,0%	2,2%
	5. *Interest Bearing Debt to Equity*	%	2%	13	13	13	10,26	8,96	110,0%	2,2%
	6. *Interest Bearing Debt to* EBITDA	%	2%	50	50	50	28,34	24,91	110,0%	2,2%
	7. *Cash from Operation*	Rp Milyar / In Billions of Rp	2%	60,75	222,77	324,02	880,25	1.843,28	110,0%	2,2%
Customer Focus	1. *Customer Satisfaction Index*	Skala Likert	20%	-	-	-	4,00	4,14	103,5%	20,7%
Internal Process	1. Jumlah Kunjungan Rawat Jalan / Total Outpatient Visits	Kunjungan / Visits	5%	1.3555.342	2.168.547	4.066.025	5.421.367	5.816.237	107,3%	5,4%
	2. *Bed Occupancy Rate* (BOR)	%	5%	64,20	64,20	64,20	64,00	60,9	95,2%	4,8%
	3. Pencapaian *Milestone* PMN Biofarma ke PBM IHC / PMN Biofarma Milestone Achievemnt to PBM IHC	%	5%	5	30	45	100	110,0	110,0%	5,5%
	4. % Pasien BPJS dibanding non BPJS / % of BPJS Pantients compared to Non-BPJS	%	5%	55	55	55	55	59,0	107,3%	5,4%
	5. Rasio Dokter dan Pasien yang Dilayani di RS BUMN / Ratio of Doctors and Patiens Served at SOE Hospitals	Rasio / Ratio	5%	1:15	15	1:15	15	22,2	110,0%	5,5%
Learning & Growth	1. Sentralisasi Branding & Marketing di IHC / IHC Branding & Marketing Centralization	%	3%	5	30	80	100	100	100,0%	3,0%
	2. Integrated Rantai Pasokan Obat dan Alkes / Integrated Supply Chain of Medicine and Medical Equipment	%	2%	5	30	80	100	100	100,0%	2,0%
	3. Jumlah RS yang Mengimplementasikan *One System* / Total Hospitals implementing One System	Unit	3%	10	30	70	100	83	83,0%	2,5%
	4. *Unlock Value*	%	2%	5	30	70	100	110	110,0%	2,2%
	5. Realisasi Investasi – ABI / ABI Investment Realizatinan	%	3%	85-100	85-100	85-100	85-100	65	76,5%	2,3%
	6. % Perempuan dalam *Nominated Talent* / % of Women in the Nominated Talent	%	4%	30	30	30	30	44	110,0%	4,4%
	7. % Milenial (<40 tahun) dalam *Top Talent* / % of Millenials (<40 years old) in the Top Talent	%	3%	10	10	10	10	28	110,0%	3,3%
				100%						104,5%
Boundary KPI	1. *Number of Accident* (NoA)	Jumlah / Total	-	0	0	0	0	5	0,0%	-5%
	2. Pencapaian Sinergi Grup Pertamina / Synergy Achievement of Pertamina Group	%	-	2	4	6	10	98,26	110,0%	2%
										101,5%

Pelaksanaan Tugas Direksi 2021

1. Berkontribusi dalam penanganan COVID-19 di seluruh RS BUMN;
2. Melakukan perubahan struktur organisasi;
3. Melaksanakan *assessment* pada semua level organisasi;
4. Melaksanakan kebijakan promosi pekerja sebagai bagian dari pengembangan SDM;
5. Melakukan sosialisasi GCG;
6. Melaksanakan *area of improvement* GCG;

Implementation of the Board of Directors Duties in 2021

1. Contributing to the handling of COVID-19 in all state-owned hospitals;
2. Making changes to the organizational structure;
3. Carrying out assessments at all levels of the organization;
4. Implementing employee promotion policies as part of HR development;
5. Conducting GCG socialization;
6. Implementing GCG areas of improvement;

7. Melaksanakan *assessment* GCG;
8. Melaksanakan *performance dialogue* dengan pemegang saham mayoritas;
9. Melaksanakan *performance dialogue* dengan Anak Perusahaan
10. Melaksanakan segala keputusan pemegang saham sirkuler perusahaan;
11. Melaksanakan rapat koordinasi baik dengan unit usaha maupun dengan Anak Perusahaan/RS KSO;
12. Melaksanakan pelatihan-pelatihan pekerja dan pelatihan dengan AP/RS KSO;
13. Melaksanakan bimbingan akreditasi kepada RS KSO;
14. Melaksanakan pelaporan LHKPN;
15. Melaksanakan RUPS Tahunan Tahun Buku 2020;
16. Menyusun laporan tahunan tahun buku 2020;
17. Melaksanakan rencana investasi tahun 2021;
18. Menyusun RKAP tahun 2022;
19. Menyusun RJPP tahun 2020-2024;
20. Melaksanakan pengawasan pencapaian kinerja unit usaha tahun 2021;
21. Melaksanakan *challenge session* target kinerja unit usaha, korporat dan Anak Perusahaan tahun 2022;
22. Melaksanakan audit laporan keuangan tahun 2021 oleh Kantor Akuntan Publik;
23. Melakukan penetapan pejabat korporasi sampai level *Asistant Manager* dan unit usaha sampai level Direktur Rumah Sakit;
24. Melaksanakan kunjungan kerja ke unit usaha dan Anak Perusahaan;
25. Menempatkan wakil perseroan sebagai Direksi dan Dewan Komisaris Anak Perusahaan;
26. Menyusun *dashboard* operasional dan financial;
27. Melaksanakan program *unlock value* antara lain;
    a. Rencana penyertaan modal Biofarma di Pertamedika IHC;
    b. Pencarian mitra strategis;
30. Melaksanakan program transformasi serta melakukan monitoring & evaluasi atas program tersebut;
31. Melaksanakan pembangunan RS khusus Covid-19 yaitu RS Pertamina Tanjung Duren yang dikelola secara operasional oleh PT RS Pelni;
32. Melaksanakan alih fungsi Asrama Haji Jakarta menjadi RS khusus Covid-19 yang dikelola secara operasional oleh RSPJ;
33. Melaksanakan alih fungsi Wisma Haji Lampung menjadi RS khusus Covid-19 yang dikelola secara operasional oleh RS Pertamina Bintang Amin;
34. Melaksanakan Kerjasama Operasi dengan RS Ukrida, RS Haji dan RS Syafira;
35. Melaksanakan sentralisasi branding & marketing di seluruh Pertamedika IHC;

7. Carrying out GCG assessment;
8. Carrying out performance dialogue with the majority shareholder;
9. Carrying out performance dialogue with Subsidiaries;
10. Implementing all circular shareholder decisions of the company;
11. Carrying out coordination meetings both with business units and with Subsidiaries/KSO Hospitals;
12. Carrying out employee training and training with Hospital/ AP KSO;
13. Carrying out accreditation guidance to Hospital/AP KSO;
14. Carrying out LHKPN reporting;
15. Conducting Annual GMS for the 2020 Fiscal Year;
16. Preparing the 2020 Fiscal Year Annual Report;
17. Implementing investment plan in 2021;
18. Preparing the RKAP for 2022;
19. Preparing the RJPP for 2020-2024;
20. Carrying out supervision of the achievement of business unit performance in 2021;
21. Carrying out a challenge session on the performance targets of business units, corporates and subsidiaries in 2022;
22. Carrying out an audit of the 2021 financial statements drawn up by the Public Accounting Firm;
23. Determining corporate officials up to Assistant Manager level and business units up to Hospital Director level;
24. Carrying out work visits to business units and Subsidiaries;
25. Placing company representatives as Directors and Board of Commissioners of Subsidiaries;
26. Developing operational and financial dashboards;
27. Implementing the unlock value program, among others;
    a. Biofarma's plan to invest in Pertamedika IHC;
    b. Strategic partner search;
30. Implementing transformation program as well as monitoring & evaluating the program;
31. Carrying out the construction of a special Covid-19 hospital, namely Pertamina Tanjung Duren Hospital which is operationally managed by PT Pelni Hospital;
32. Carrying out transfer of the function of the Jakarta Hajj Dormitory into a special Covid-19 hospital which is operationally managed by the RSPJ;
33. Carrying out transfer of the function of Wisma Haji Lampung into a special Covid-19 hospital which is managed operationally by Pertamina Bintang Amin Hospital;
34. Carrying out Operational Cooperation with Ukrida Hospital, Hajj Hospital and Syafira Hospital;
35. Implementing the centralization of branding & marketing throughout Pertamedika IHC;

36. Membangun RS Pertamina Royal Biringkanaya Makasar yang menjadi RS khusus otak dan jantung di wilayah Makasar;
37. Melakukan kerjasama dengan Mayo Clinic dalam *consulting design* untuk RS International Bali;
38. Menyusun perencanaan design dan *medical service plan* untuk RS International Bali;
39. Menyusun perencanaan *design* dan *medical service plan* untuk RS Bandung;
40. Melaksanakan program *One System Solution* (OSS) di 14 RS;
41. Melaksanakan dan mengembangkan program IHC Telemed;
42. Melaksanakan sertifikasi ISO 9001:2015;
43. Melaksanakan sertifikasi ISO 37001:2016;
44. Mendukung program sentra vaksinasi;
45. Melaksanakan pengambilalihan saham Latinusa Tbk di PT Krakatau Medika;
46. Melaksanakan kerjasama dengan universitas terkemuka di Indonesia.

36. Constructing the Pertamina Royal Biringkanaya Hospital in Makassar, a hospital specialized in brain and heart disease in Makassar area;
37. Collaborating with Mayo Clinic in consulting design for Bali International Hospital;
38. Preparing design and medical service plans for Bali International Hospital;
39. Preparing design plans and medical service plans for Bandung Hospital;
40. Implementing the One System Solution (OSS) program in 14 hospitals
41. Implementing and developing the IHC Telemed program;
42. Implementing ISO 9001:2015 certification;
43. Implementing ISO 37001:2016 certification;
44. Supporting the vaccination center program;
45. Carrying out the acquisition of Latinusa Tbk shares in PT Krakatau Medika;
46. Carry out cooperation with leading universities in Indonesia;

SEKRETARIS PERUSAHAAN

Sekretaris Perusahaan memegang tugas dan tanggung jawab terhadap perencanaan, penyelenggaraan dan pengawasan kegiatan administrasi Perseroan; bertugas menjadi penghubung untuk kepentingan Direksi, Dewan Komisaris, Pemegang Saham serta melaksanakan kegiatan pembinaan; bertugas melakukan koordinasi serta memberikan bantuan hukum Perseroan; bertanggung jawab di bidang Hubungan Masyarakat; serta mendukung segala keputusan dan kebijakan Perseroan untuk menunjang tercapainya visi dan misi perusahaan secara efektif dan efisien.

CORPORATE SECRETARY

Corporate Secretary has the duties and responsibilities for planning, organizing and supervising the administrative activities of the Company; serves as a liaison for the interests of the Board of Directors, Board of Commissioners, Shareholders and carries out development activities; performs coordination and provision of legal assistance to the Company; is responsible for Public Relations; as well as supports all decisions and policies of the Company for the achievement of the Company's vision and mission in an effective and efficient manner.

Profil Sekretaris Perusahaan

M. Sonny Irawan
Sekretaris Perusahaan /
Corporate Secretary

Lahir di Jakarta 27 Juli 1975. M Sonny Irawan mengenyam studi di STIE YPKP Bandung dan melanjutkan S2 Ekonomi Bisnis Strategi Korporasi di Universitas Indonesia pada tahun 2019. Sempat memiliki posisi di bagian keuangan di beberapa unit usaha Perseroan antara lain RSPJ, RSP Pangkalan Brandan, RSP Sorong, kemudian kembali ke Korporat sebagai Asisten Manajer Portfolio Bisnis, Asisten Manajer Manajemen Risiko dan menjadi Manajer *Evaluation & Monitoring Member of IJC & JO* yang kemudian berganti nama menjadi *Manager* IHC dan terakhir menjadi *Manager Business Development SOE Hospital* sebelum dipercaya menjadi Sekretaris Perseroan sejak November 2020.

Corporate Secretary Profile

Born in Jakarta July 27, 1975. M Sonny Irawan studied at STIE YPKP Bandung and continued his master's degree in Business Economics at the Universitas Indonesia in 2019. He had positions in the finance department in several of the Company's business units, including RSPJ, RSP Pangkalan Brandan, RSP Sorong, then returned to the Corporate as Assistant Business Portfolio Manager, Assistant Manager of Risk Management and became Manager of Evaluation & Monitoring Member of IJC & JO which later changed its name to Manager of IHC and lastly became Manager of SOE Hospital Business Development before being entrusted with the position of Corporate Secretary since November 2020.

Tugas dan Tanggung Jawab

1. Sebagai penghubung (*liaison officer*) antara Perseroan dengan pihak-pihak yang berkepentingan baik eksternal maupun internal.
2. Memberikan pertimbangan kepada Direksi dan Dewan Komisaris agar mematuhi ketentuan-ketentuan Undang-Undang tentang Perusahaan Terbatas, Anggaran Dasar dan ketentuan lainnya termasuk mengingatkan Direksi tentang tanggung jawab untuk melaksanakan GCG.
3. Menghadiri rapat-rapat Direksi dan Dewan Komisaris.
4. Bertindak sebagai pengelola dokumen perusahaan, termasuk tetapi tidak terbatas pada daftar pemegang saham, daftar khusus, risalah rapat Direksi, risalah rapat dewan komisaris, risalah RUPS.
5. Memastikan bahwa Perseroan mematuhi peraturan tentang persyaratan keterbukaan informasi yang diminta oleh Undang-Undang yang berlaku dan peraturan yang mempunyai kekuatan hukum.
6. Memberikan informasi yang relevan, akurat dan tepat waktu kepada para pemangku kepentingan, termasuk pemegang saham.
7. Mengelola informasi yang akan diberikan kepada pihak-pihak di luar Perseroan berdasarkan ketentuan yang telah ditetapkan oleh Direksi.
8. Memberikan informasi yang berkaitan dengan tugasnya kepada Direksi secara berkala dan kepada Dewan Komisaris, apabila diminta oleh Dewan Komisaris.
9. Mewakili Perseroan di dalam dan di luar pengadilan berdasarkan kuasa khusus dari Direksi.
10. Mengatur sistem administrasi terpadu untuk seluruh jajaran Perseroan.
11. Mengatur mekanisme rapat, khususnya rapat gabungan Dewan Komisaris dan Direksi, rapat Direksi dan RUPS.
12. Mengendalikan pengelolaan strategi komunikasi untuk membangun citra perusahaan.
13. Mengatur dan mengawasi pelaksanaan kegiatan legalisasi meliputi bantuan hukum, advis hukum dan penyelesaian masalah hukum agar kegiatan perusahaan berjalan sesuai peraturan yang berlaku.
14. Mengendalikan penyampaian informasi kinerja perusahaan dan *corporate action* kepada para pemegang saham.
15. Menyampaikan Laporan Tahunan Perusahaan dan Laporan Keuangan & Laporan Manajemen berkala serta Rancangan Kerja dan Anggaran Perusahaan (RKAP) dan Rencana Jangka Panjang Perusahaan (RJPP) kepada para pemegang saham

Duties and Responsibilities

1. Serving as liaison officer between the Company and external as well as internal interested parties.
2. Providing consideration to the Board of Directors and the Board of Commissioners in order to comply with the provisions of the Law on Limited Liability Companies, the Articles of Association and other provisions including reminding the Board of Directors about the responsibility to implement GCG.
3. Attending the meetings of the Board of Directors and Board of Commissioners.
4. Serving as manager of the Company's documents, including but not limited to the list of shareholders, a special register, minutes of meetings of the Board of Directors, minutes of meetings of the Board of Commissioners, and Minutes of the GMS.
5. Ensuring that the Company complies with the regulations regarding information disclosure requirements pursuant to prevailing laws and regulations that have legal binding.
6. Providing relevant, accurate and timely information to stakeholders, including shareholders.
7. Managing information to be provided to parties outside of the Company based on the provisions set by the Board of Directors.
8. Providing information related to their duties to the Board of Directors periodically and to the Board of Commissioners, if requested by the Board of Commissioners.
9. Representing the Company inside and outside the court based on the special power of the Board of Directors.
10. Setting up an integrated administrative system for all levels of the Company.
11. Arranging the meeting mechanism, in particular the joint meetings of the Board of Commissioners and the Board of Directors, the Board of Directors meetings, and the GMS.
12. Controlling the management of communication strategies to build corporate image.
13. Regulating and supervising the implementation of legalization activities including legal aid, legal advice and settlement of legal issues so that company activities run according to applicable regulations.
14. Controlling the delivery of information on the Company's performance and corporate actions to shareholders.
15. Submitting the Company's Annual Report and periodic Financial Statements & Management Reports as well as the Company's Work Plan and Budget (RKAP) and the Company's Long-Term Plan (RJPP) to shareholders.

Pelatihan Sekretaris Perusahaan

Sepanjang tahun 2021, Sekretaris Perusahaan tidak mengikuti program pelatihan.

Pelaksanaan Tugas 2021

1. Mewakili Direksi dalam penyelesaian permasalahan hukum;
2. Melaksanakan pelaporan LHKPN;
3. Menyiapkan materi RUPS Tahunan Tahun Buku 2020;
4. Menyusun laporan tahunan tahun buku 2020;
5. Melakukan sosialisasi GCG;
6. Melaksanakan *area of improvement* GCG;
7. Melaksanakan *assessment* GCG;
8. Menyusun RKAP tahun 2022;
9. Menghadiri rapat Direksi;
10. Menghadiri rapat gabungan Direksi dan Dewan Komisaris;
11. Pengelolaan website dan *media social;*
12. Pengelolaan *Compliance Online System*;
13. Menyusun laporan manajemen perusahaan;
14. Membina hubungan dengan *stakeholder*;
15. Menjadi narahubung bagi semua pemegang saham perseroan
16. Penyelesaian keputusan Pemegang Saham Secara Sirkuler di Anak Perusahaan;
17. Penyelesaian Pedoman fungsi Corsec;
18. Mengelola Buletin Pertamedika;
19. Melaksanakan RUPS Tahunan Anak Perusahaan Tahun 2020;
20. Pendampingan dalam setiap kunjungan kerja Direksi;
21. Mengatur dan mengawasi pelaksanaan kegiatan perijinan dan legalisasi Korporat maupun unit usaha;
22. Mengkoordinasikan bantuan hukum, advis hukum dan penyelesaian masalah hukum baik di tingkat mediasi maupun peradilan bagi unit usaha secara korporasi;
23. Mengelola proses hukum yang berkaitan dengan penyimpangan pelanggaran hukum dengan konsultan hukum bekerjasama dengan unit/bagian terkait;
24. Melakukan proses pembuatan Perjanjian Kerjasama (PKS) Layanan Kesehatan dan Non Layanan Kesehatan dengan Perusahaan dan asuransi, serta melakukan koordinasi/komunikasi dengan pihak terkait untuk penandatangan, distribusi dan sosialisasi;
25. Mengelola dokumen Perjanjian Kerjasama (PKS) Layanan Kesehatan dan Non Layanan Kesehatan, meliputi pengarsipan, pemantauan masa berlaku, evaluasi dan pelaporan;
26. Mewakili Direksi/Direktur Utama untuk menghadap atau bertemu instansi-instansi terkait /pihak ketiga baik mewakili untuk hal-hal yang berhubungan dengan hukum (legal) maupun diluar hukum (legal);
27. Mengkoordinir, meminta laporan dan mengevaluasi kegiatan kesekretariatan seluruh unit usaha, dan memberikan masukan/arahan melalui koordinator kesekretariatan korporat;

Training of Corporate Secretary

Throughout 2021, Corporate Secretary did not participate in any training programs.

Implementation of Duties in 2021

1. Representing the Board of Directors in resolving legal issues;
2. Conducting LHKPN reporting;
3. Preparing material for the Annual GMS of 2020 Fiscal Year;
4. Preparing annual report for 2020 fiscal year;
5. Conducting GCG dissemination;
6. Conducting GCG areas of improvement;
7. Conducting GCG assessment;
8. Preparing 2022 RKAP;
9. Attending Board of Directors meeting;
10. Attending joint meeting of the Board of Directors and Board of Commissioners;
11. Website and social media management;
12. Online Compliance System Management;
13. Preparing company management reports;
14. Fostering relationships with stakeholders;
15. Serving as a liaison for all shareholders of the Company;
16. Completion of Circular Shareholder Resolution in Subsidiaries;
17. Completion of Corporate Secretary Function Guidelines;
18. Managing Pertamedika Bulletin;
19. Implementing the 2020 Annual GMS of Subsidiaries;
20. Accompanying every work visit of the Board of Directors;
21. Regulating and supervising the implementation of licensing and legalization activities for Corporate and business units;
22. Coordinating legal assistance, legal advice, and settlement of legal issues both at the mediation and judicial levels for corporate business units;
23. Managing legal processes related to legal violations with legal consultants in collaboration with related units/departments;
24. Preparing Cooperation Agreements (PKS) for Health Services and Non-Health Services with companies and insurance as well as coordinating/communicating with related parties for signing, distribution, and dissemination;
25. Managing Cooperation Agreement (PKS) documents for Health Services and Non-Health Services, including archiving, monitoring the validity period, evaluation, and reporting;
26. Representing the Board of Directors/President Director to appear before or meet relevant agencies/third parties, both for legal and non-legal matters;
27. Coordinating, requesting reports and evaluating secretarial activities of all business units, and providing input/direction through the corporate secretariat coordinator;

28. Mengkoordinasi dan bertanggungjawab atas *Corporate By Law* yang ada di Perusahaan dan unit-unit usaha Pertamedika (semua peraturan, kebijakan, pedoman yang dibuat oleh korporat dan unit usaha);
29. Mendukung pelaksanaan program *unlock value* antara lain:
    a. Rencana penyertaan modal Biofarma di Pertamedika IHC;
    b. Pencarian mitra strategis;
30. Mendukung pelaksanaan perencanaan dan pembangunan RS baru;
31. Mendukung pelaksanaan pembangunan RS khusus Covid RS Pertamina Tanjung Duren, alih fung asrama haji Jakarta dan wisma haji lampung;
32. Pelaksanaan *Town Hall Meeting*;
33. Pelaksanaan pengenalan Direksi dan Dewan Komisaris baru;
34. Persiapan implementasi e-correspondency di Pertamedika IHC;
35. Implementasi *digital signature* di Pertamedika IHC.

KOMITE AUDIT

Pembentukan Komite Audit bertujuan untuk membantu Dewan Komisaris dalam melaksanakan tugas dan tanggung jawab di bidang pengawasan, yang mencakup namun tidak terbatas pada aspek sistem pengendalian internal, perencanaan dan *monitoring* investasi, penerapan manajemen risiko dan penerapan prinsip-prinsip *Good Corporate Governance* (GCG) di Perseroan sesuai dengan peraturan yang berlaku.

Tugas dan Tanggung Jawab Komite Audit

1. Membantu Dewan Komisaris memastikan efektivitas sistem pengendalian internal dan efektivitas pelaksanaan tugas eksternal auditor dan internal auditor
2. Menilai pelaksanaan kegiatan serta hasil audit yang dilaksanakan oleh internal auditor maupun eksternal auditor, serta mengawasi pelaksanaan tindak lanjut oleh Direksi atas temuan internal dan eksternal auditor
3. Memberikan rekomendasi mengenai penyempurnaan sistem pengendalian manajemen serta pelaksanaannya
4. Memastikan telah terdapat prosedur yang memuaskan terhadap segala informasi yang telah dikeluarkan Perseroan
5. Melakukan identifikasi hal-hal yang memerlukan perhatian Dewan Komisaris serta tugas-tugas Dewan Komisaris lainnya
6. Pengawasan atas proses pelaporan keuangan dengan menekankan agar standar dan kebijakan keuangan yang berlaku terpenuhi

28. Coordinating and being responsible for Corporate by Law in the Company and Pertamedika's business units (all regulations, policies, guidelines made by the corporation and business units);
29. Supporting the implementation of the unlock value program, among others;
    a. Biofarma's investment plan in Pertamedika IHC;
    b. Seeking strategic partners;
30. Supporting the implementation of planning and construction of new hospitals;
31. Supporting the construction of a dedicated Covid hospital, Pertamina Hospital Tanjung Duren, the refunctioning of the Jakarta Hajj dormitory and the Lampung Hajj guesthouse;
32. Implementation of Town Hall Meeting;
33. Implementation of introduction of new Board of Directors and Board of Commissioners
34. Preparation of e-correspondence implementation at Pertamedika IHC;
35. Digital signature implementation at Pertamedika IHC.

AUDIT COMMITTEE

The establishment of the Audit Committee aims to assist the Board of Commissioners in carrying out its duties and responsibilities in the field of supervision, which includes but is not limited to aspects of the internal control system, investment planning and monitoring, implementation of risk management and implementation of the principles of Good Corporate Governance (GCG) in the Company in accordance with applicable regulations.

Duties and Responsibilities of Audit and Risk Management Committee

1. Assisting the Board of Commissioners in ensuring the effectiveness of the internal control system and the implementation of internal and external auditors' duties.
2. Assessing the implementation of activities and results of audits carried out by internal and external auditors, as well as overseeing the implementation of follow-ups by the Board of Directors on the findings of internal and external auditors.
3. Providing recommendations regarding the improvement of the management control system and its implementation.
4. Ensuring that there is a satisfactory evaluation procedure for all information that has been released by the Company.
5. Identifying matters requiring the attention of the Board of Commissioners, as well as other duties of the Board of Commissioners.
6. Ensuring that the financial statements are presented fairly in accordance with generally accepted accounting principles.

7. Mengawasi audit laporan keuangan eksternal dan menilai mutu pelayanan dan kewajaran biaya yang diajukan auditor eksternal
8. Mengawasi laporan auditor internal dan auditor eksternal untuk memastikan bahwa semua bidang kunci risiko dan *control* diperhatikan
9. Memberikan rekomendasi kepada Dewan Komisaris mengenai penunjukkan auditor eksternal yang didasarkan pada independensi, ruang lingkup penugasan, dan imbalan jasa
10. Mengawasi proses *Corporate Governance*
11. Memonitor bahwa perusahaan tunduk pada tiap undang-undang dan peraturan yang berlaku. Mengharuskan auditor internal melaporkan secara tertulis hasil pemeriksaan *Corporate Governance* dan temuan lainnya
12. Melakukan penelaahan atas ketaatan terhadap peraturan perundang-undangan yang berhubungan dengan kegiatan Perseroan
13. Melakukan penelaahan atas saran, permasalahan, atau keluhan *stakeholders* yang disampaikan langsung kepada Dewan Komisaris
14. Melaksanakan tugas-tugas pengawasan lain sesuai sesuai dengan permintaan Dewan Komisaris

Wewenang Komite Audit

Dalam melaksanakan tugasnya, Komite Audit memiliki beberapa wewenang, antara lain:

1. Mendapatkan akses terhadap dokumen, data, dan informasi Perseroan yang diperlukan untuk melaksanakan tugasnya
2. Melakukan komunikasi langsung dengan pihak-pihak yang terkait dengan tugas-tugas Komite Audit dan Komite Manajemen Risiko
3. Melibatkan pihak independen di luar anggota Komite Audit yang diperlukan untuk membantu pelaksanaan tugasnya (jika diperlukan) setelah memperoleh persetujuan dari Dewan Komisaris
4. Melakukan wewenang lain yang diberikan oleh Dewan Komisaris.

7. Reviewing the audit of external financial statements and assess the quality of service and the reasonableness of fees proposed by external auditors
8. Ensuring that the reports of internal auditors and external auditors have addressed all key areas of risk and control
9. Providing recommendations to the Board of Commissioners regarding the appointment of an external auditor based on independence, scope of work and service fees.
10. Monitoring the Corporate Governance process
11. Ensuring the Company's compliance with each law and regulations and requesting the internal auditor to prepare a written report on the findings on Corporate Governance and other findings.
12. Reviewing compliance with laws and regulations related to the Company's activities.
13. Reviewing stakeholders' suggestions, problems or complaints submitted directly to the Board of Commissioners.
14. Carrying out other supervisory duties at the request of the Board of Commissioners.

Authorities of Audit Committee

In carrying out its duties, the Audit and Risk Management Committee has several authorities, including:

1. Obtaining access to the Company's documents, data and information needed to carry out its duties
2. Communicating directly with parties related to the duties of the Audit and Risk Management Committee
3. Involving independent parties outside the members of the Audit Committee who are needed to assist in carrying out their duties after obtaining approval from the Board of Commissioners
4. Exercising other authorities granted by the Board of Commissioners.

Profil Anggota Komite

Committee Member Profile

Dyna Lusi Susanti
Anggota Komite /
Committee Member

Tempat, Tanggal Lahir / Place, Date of Birth	Blitar, 20 Februari 1980 / Blitar, February 20, 1980
Kontak / Contact	Telp: 08113626567 Email: dyna@pertamina.com
Riwayat Pendidikan / Education	• S1 Universitas Gadjah Mada (2002) / Bachelor's Degree from Universitas Gadjah Mada (2002) • S2 Universitas Airlangga (2016) / Master's Degree from Universitas Airlangga (2016)
Keahlian / Expertise	• Manajemen Audit / Audit Management • Manajemen Risiko / Risk Management
Riwayat Pekerjaan / Career History	• Auditor Ahli Muda (2003-2008) di Fields Marketing & Trading / Junior Expert Auditor (2003-2008) at Fields Marketing & Trading • Auditor Ahli Madya (2009-2011) di Fields Marketing & Trading / Associate Expert Auditor (2009-2011) at Fields Marketing & Trading • Senior Auditor (2011-2018) di Fields Marketing & Trading / Senior Auditor (2011-2018) at Fields Marketing & Trading • Manager MPP Internal Audit (2018-Sekarang) di Fields Mega Project & Petrochemical / MPP Internal Audit Manager (2018-Present) at Fields Mega Project & Petrochemical
Dasar Pengangkatan / Basis of Appointment	Surat Keputusan Dewan Komisaris No. Kpts-018/DK. PBM/2019-S8 tanggal 1 Juli 2019 / Decree of the Board of Commissioners No. Kpts-018/DK.PBM/2019-S8 dated July 1, 2019

Masa Jabatan Anggota Komite

a. Ketua dan anggota komite diangkat dan diberhentikan oleh Dewan Komisaris.
b. Pengangkatan dan pemberhentian anggota komite dilaporkan kepada pemegang saham.
c. Masa jabatan anggota komite yang berasal dari, dan merupakan anggota Dewan Komisaris Perusahaan adalah sesuai dengan masa jabatannya sebagai anggota Dewan Komisaris
d. Masa jabatan anggota komite yang bukan merupakan anggota Dewan Komisaris Perusahaan paling lama adalah 2 (dua) tahun dan dapat diperpanjang satu kali selama 1 (satu) tahun masa jabatan, dengan tidak mengurangi hak Dewan Komisaris untuk memberhentikannya sewaktu-waktu.
e. Akumulasi masa jabatan seseorang sebagai anggota komite pada satu Anak Perusahaan/Perusahaan Patungan maksimal selama 3 (tiga) tahun

Term of Office of Committee Members

a. The head and members of the committee are appointed and dismissed by the Board of Commissioners.
b. Appointment and dismissal of committee members are reported to shareholders.
c. Term of office of committee members who come from, and are members of the Company's Board of Commissioners, is in accordance with their tenure as members of the Board of Commissioners
d. Term of office for committee members who are not members of the Company's Board of Commissioners is 2 (two) years and can be extended once for 1 (one) year of office, without prejudice to the right of the Board of Commissioners to dismiss them at any time.
e. Accumulated term of office of a person as a committee member in one Subsidiary/Joint Venture is a maximum of 3 (three) years.

Independensi Komite

Komite Audit dan komite lainnya menjalankan fungsinya dengan bertindak secara independen terhadap Direksi serta secara berkala memberikan laporan kepada Dewan Komisaris. Hal-hal terkait tata kerja Komite Audit dan komite lainnya tersebut, termasuk tetapi tidak terbatas pada pelaporan komite, rapat-rapat komite, rencana kerja dan penganggaran, dan evaluasi kinerja komite diatur dalam piagam komite yang ditetapkan oleh Dewan Komisaris berdasarkan usulan komite terkait. Seluruh anggota komite tidak memiliki hubungan afiliasi baik secara kekeluargaan dan hubungan bisnis dengan anggota Dewan Komisaris dan anggota Direksi.

Independence of the Committee

The Audit Committee and other committees carry out their functions by acting independently of the Board of Directors and periodically reports to the Board of Commissioners. Matters related to the work procedures of the Audit Committee and other committees, including but not limited to committee reporting, committee meetings, work plans and budget, as well as committee performance evaluation are stipulated in the committee charter established by the Board of Commissioners based on the recommendations of the relevant committees. All committee members do not have affiliated family and business relationships with members of the Board of Commissioners and members of the Board of Directors.

Rapat Komite / Committee Meetings

Nama / Name	Jabatan / Position	Jumlah Rapat / Total Meetings	Jumlah Kehadiran / Total Attendance	Tingkat Kehadiran (%) / Attendance Rate (%)
Farid Harianto	Ketua Komite Audit / Head of Audit Committee	9	3	33%
Dyna Lusi Susanti	Anggota / Member	9	9	100%

Pendidikan dan Pelatihan

Sepanjang tahun 2021, seluruh anggota Komite Audit Perseroan tidak mengikuti program pelatihan.

Education and Training

Throughout 2021, all members of the Company's Audit Committee did not participate in the training program.

Pelaksanaan Kegiatan / Activities Implemented

No	Kegiatan / Activities	Output
1	*Telaah laporan keuangan audited* / Review of audited financial statements	Surat telaah / Review letter
2	Rapat komite / Committee meeting	Notulen rapat / Meeting minutes

KOMITE MANAJEMEN RISIKO

Pembentukan Komite Manajemen Risiko bertujuan membantu Dewan Komisaris menjalankan fungsi pengawasan Dewan Komisaris antara lain namun tidak terbatas untuk memantau dan memastikan diterapkannya prinsip, fungsi dan pelaksanaan yang berhubungan dengan kebijakan atas pengelolaan manajemen risiko Perusahaan.

Tugas dan Tanggung Jawab Komite Manajemen Risiko

1. Memberikan masukan kepada Dewan Komisaris berupa penelaahan terhadap pelaksanaan manajemen risiko serta kajian risiko yang dilakukan oleh Perseroan pada:
   a. Kegiatan perencanaan Perseroan
   b. Kegiatan investasi Perseroan
   c. Kegiatan operasi Perseroan
2. Memantau dan memastikan bahwa Rencana Jangka Panjang Perusahaan dan Rencana Kerja dan Anggaran Perusahaan telah memperhatikan prinsip-prinsip manajemen risiko
3. Melakukan *review* atas kajian risiko dari permohonan persetujuan Direksi Perseroan kepada Dewan Komisaris atas rencana *Corporate Action,* antara lain:
   a. Investasi
   b. Pembentukan Anak Perusahaan
   c. Rencana Jangka Panjang Perusahaan
   d. Kontrak Kerja Sama operasi
   e. Pengelolaan aset
   f. Penjaminan aset
4. Memberikan rekomendasi kepada Direksi Perseroan melalui Dewan Komisaris untuk merancang dan melaksanakan kebijakan manajemen risiko, termasuk berbagai hal yang dapat meningkatkan kelancaran dan efektivitas proses kajian risiko

RISK MANAGEMENT COMMITTEE

The establishment of the Risk Management Committee aims to assist the Board of Commissioners in carrying out the supervisory function of the Board of Commissioners, including but not limited to monitoring and ensuring the implementation of principles, functions, and policies on managing the Company's risk management.

Duties and Responsibilities of the Risk Management Committee

1. Providing input to the Board of Commissioners in the form of a review of the implementation of risk management as well as a risk assessment conducted by the Company on:
   a. The Company's planning activities
   b. The Company's investment activities
   c. The Company's operational activities
2. Monitoring and ensuring that all of the Company's activities in the Company's Long-Term Plan as well as Work Plan and Company Budget comply with risk management principles.
3. Reviewing the request for approval from the Company's Board of Directors to the Board of Commissioners on the Corporate Action plan, including:
   a. Investment
   b. Establishment of a Subsidiary
   c. The Company's Long-Term Plan
   d. Operational Cooperation Contract
   e. Asset Management
   f. Asset Underwriting
4. Providing recommendations to the Board of Directors of the Company through the Board of Commissioners to design and implement risk management policies, including various things that can improve the smoothness and effectiveness of the risk assessment process.

5. Melakukan evaluasi kebijakan dan strategi manajemen risiko baik operasional dan pengembangan usaha perusahaan
6. Melaporkan hasil pemantauan dan evaluasi serta memberikan rekomendasi atas hal-hal yang perlu mendapat perhatian Dewan Komisaris
7. Melaksanakan tugas-tugas pengawasan lain sesuai dengan permintaan Dewan Komisaris

5. Evaluating the implementation of risk management and mitigation on the Company's business development and operational activities
6. Reporting the results of monitoring and evaluation as well as providing recommendations on matters that need the attention of the Board of Commissioners
7. Carrying out other supervisory duties at the request of the Board of Commissioners.

Wewenang Komite Audit dan Manajemen Risiko

Dalam melaksanakan tugasnya, Komite Manajemen Risiko memiliki beberapa wewenang, antara lain:

1. Mendapatkan akses terhadap dokumen, data, dan informasi Perseroan yang diperlukan untuk melaksanakan tugasnya
2. Melakukan komunikasi langsung dengan pihak-pihak yang terkait dengan tugas-tugas Komite Audit dan Komite Manajemen Risiko
3. Melibatkan pihak independen di luar anggota Komite Audit dan Komite Manajemen Risiko yang diperlukan untuk membantu pelaksanaan tugasnya (jika diperlukan) setelah memperoleh persetujuan dari Dewan Komisaris
4. Melakukan wewenang lain yang diberikan oleh Dewan Komisaris.

Authority of Risk Management Committee

In carrying out its duties, the Risk Management Committee has the following authority:

1. Obtaining access to the Company's documents, data and information needed to carry out its duties
2. Communicating directly with parties related to the duties of the Audit and Risk Management Committee
3. Involving independent parties outside the members of the Audit and Risk Management Committee who are needed to assist in carrying out their duties after obtaining approval from the Board of Commissioners
4. Exercising other authority granted by the Board of Commissioners.

Profil Anggota Komite

Committee Member Profile

Adhi Hariyanto
Anggota Komite / Committee Member

Tempat, Tanggal Lahir / Place, Date of Birth	Yogyakarta, 22 Oktober 1980 / Yogyakarta, October 22, 1980
Kontak / Contact	Telp: 081802752033 Email: adhi.hariyanto@pertamina.com
Riwayat Pendidikan / Education	• S1 Biologi Universitas Gadjah Mada (2004) / Bachelor's Degree in Biology from Universitas Gadjah Mada (2004) • S2 Manajemen Universitas Indonesia (2016) / Master's Degree in Management from Universitas Indonesia (2016)
Keahlian / Expertise	• Manajemen Audit / Audit Management • Manajemen Risiko / Risk Management
Riwayat Pekerjaan / Career History	• Direktorat IT (2006-2010) di PT Bank CIMB Niaga / IT Directorate (2006-2010) at PT Bank CIMB Niaga • Direktorat Kredit dan Manajemen Risiko (2010-2011) di PT Bank CIMB Niaga / Directorate of Credit and Risk Management (2010-2011) at PT Bank CIMB Niaga • Kepala Manajemen Risiko Operasional (2011-2015) di PT Bank BRI Syariah / Head of Operational Risk Management (2011-2015) at PT Bank BRI Syariah • Kepala Metodologi dan Risk Awareness (2015-2016) di PT Bank Muamalat Indonesia / Head of Methodology and Risk Awareness (2015-2016) at PT Bank Muamalat Indonesia • Analis Risiko (2017-2019) di PT Pertamina (Persero) / Risk Analyst (2017-2019) at PT Pertamina (Persero) • Senior Analis Manajemen Risiko (2020-Sekarang) di PT Pertamina (Persero) / Senior Risk Management Analyst (2020-Present) at PT Pertamina (Persero)
Dasar Pengangkatan / Basis of Appointment	Surat Keputusan Dewan Komisaris No. Kpts-0142/DK. PBM/2021-S8 tanggal 9 Februari 2021 / Decree of the Board of Commissioners No. Kpts-0142/DK. PBM/2021-S8 dated February 9, 2021.

Masa Jabatan Anggota Komite

a. Ketua dan anggota komite diangkat dan diberhentikan oleh Dewan Komisaris.
b. Pengangkatan dan pemberhentian anggota komite dilaporkan kepada pemegang saham.

Term of Office of Committee Members

a. The head and members of the committee are appointed and dismissed by the Board of Commissioners.
b. Appointment and dismissal of committee members are reported to shareholders.

c. Masa jabatan anggota komite yang berasal dari, dan merupakan anggota Dewan Komisaris Perusahaan adalah sesuai dengan masa jabatannya sebagai anggota Dewan Komisaris

d. Masa jabatan anggota komite yang bukan merupakan anggota Dewan Komisaris Perusahaan paling lama adalah 2 (dua) tahun dan dapat diperpanjang satu kali selama 1 (satu) tahun masa jabatan, dengan tidak mengurangi hak Dewan Komisaris untuk memberhentikannya sewaktu-waktu.

e. Akumulasi masa jabatan seseorang sebagai anggota komite pada satu Anak Perusahaan/Perusahaan Patungan maksimal selama 3 (tiga) tahun

c. Term of office of committee members who come from, and are members of the Company's Board of Commissioners, is in accordance with their tenure as members of the Board of Commissioners

d. Term of office for committee members who are not members of the Company's Board of Commissioners is 2 (two) years and can be extended once for 1 (one) year of office, without prejudice to the right of the Board of Commissioners to dismiss them at any time.

e. Accumulated term of office of a person as a committee member in one Subsidiary/Joint Venture is a maximum of 3 (three) years.

Independensi Komite

Komite Manajemen Risiko dan komite lainnya menjalankan fungsinya dengan bertindak secara independen terhadap Direksi serta secara berkala memberikan laporan kepada Dewan Komisaris. Hal-hal terkait tata kerja Komite Audit dan komite lainnya tersebut, termasuk tetapi tidak terbatas pada pelaporan komite, rapat-rapat komite, rencana kerja dan penganggaran, dan evaluasi kinerja komite diatur dalam piagam komite yang ditetapkan oleh Dewan Komisaris berdasarkan usulan komite terkait. Seluruh anggota komite tidak memiliki hubungan afiliasi baik secara kekeluargaan dan hubungan bisnis dengan anggota Dewan Komisaris dan anggota Direksi.

Independence of the Committee

The Audit Committee and other committees carry out their functions by acting independently of the Board of Directors and periodically reports to the Board of Commissioners. Matters related to the work procedures of the Audit Committee and other committees, including but not limited to committee reporting, committee meetings, work plans and budget, as well as committee performance evaluation are stipulated in the committee charter established by the Board of Commissioners based on the recommendations of the relevant committees. All committee members do not have family and business affiliations with members of the Board of Commissioners and members of the Board of Directors.

Rapat Komite / Committee Meetings

Nama / Name	Jabatan / Position	Jumlah Rapat / Total Meetings	Jumlah Kehadiran / Total Attendance	Tingkat Kehadiran (%) / Attendance Rate (%)
Dante Saksono Harbuwono	Ketua Komite / Head of Committee	8	2	25%
Adhi Hariyanto	Anggota / Member	8	8	100%

Pendidikan dan Pelatihan

Sepanjang tahun 2021, seluruh anggota Komite Audit dan Manajemen Risiko Perseroan tidak mengikuti program pelatihan.

Education and Training

Throughout 2021, all members of the Audit and Risk Management Committee did not participate in the training program.

Pelaksanaan Kegiatan / Activities Implemented

No	Kegiatan / Activities	Output
1	Rapat komite / Committee meeting	Notulen rapat / Meeting minutes

KOMITE INVESTASI

Komite Investasi membantu Dewan Komisaris menjalankan fungsi pengawasan Dewan Komisaris antara lain namun tidak terbatas untuk memantau dan memastikan diterapkannya prinsip, fungsi dan pelaksanaan yang berhubungan dengan kebijakan atas pengelolaan investasi perusahaan.

INVESTMENT COMMITTEE

The Investment Committee assists the Board of Commissioners in carrying out the supervisory function of the Board of Commissioners, including but not limited to monitoring and ensuring the implementation of principles, functions, and policies on managing the Company's investment.

Tugas dan Tanggung Jawab Komite Investasi

Komite Investasi memiliki tugas dan tanggung jawab sebagai berikut :

1. Melakukan *review* dan evaluasi terhadap rencana investasi Perseroan.
2. Melakukan *monitoring* terhadap pelaksanaan kegiatan investasi yang telah direncanakan dan disetujui Pemegang Saham.
3. Melakukan *monitoring* atas utilisasi terhadap investasi yang telah dijalankan.
4. Memberikan rekomendasi atas efektivitas kegiatan investasi dan pelaksanaan kebijakan investasi di Perseroan.
5. Melakukan pengawasan terhadap kebijakan Direksi dalam pengurusan Perseroan.
6. Memberi rekomendasi kepada Direksi, termasuk untuk penyusunan RJPP, RKAP berdasarkan ketentuan sebagaimana diatur dalam Anggaran Dasar, Keputusan RUPS dan peraturan perundangan yang berlaku, terutama dalam hal investasi.
7. Melakukan penelaahan atas saran, permasalahan atau keluhan *stakeholders* yang disampaikan langsung kepada Dewan Komisaris.
8. Melakukan identifikasi hal-hal yang memerlukan perhatian Dewan Komisaris serta tugas-tugas Dewan Komisaris lainnya.
9. Menyusun rencana kerja dan anggaran tahunan komite investasi kepada Dewan Komisaris untuk ditetapkan dan disampaikan kepada Direksi untuk diketahui.
10. Melaksanakan tugas-tugas pengawasan lain sesuai dengan permintaan Dewan Komisaris

Wewenang Komite Investasi

Dalam melaksanakan tugasnya, Komite Audit Investasi & Remunerasi memiliki wewenang, antara lain:

1. Mendapatkan akses terhadap dokumen, data, dan informasi Perseroan yang diperlukan untuk melaksanakan tugasnya.
2. Melakukan komunikasi langsung dengan pihak-pihak yang terkait dengan tugas-tugas Komite Investasi dan Remunerasi.
3. Melibatkan pihak independen di luar anggota Komite Investasi dan Remunerasi untuk membantu pelaksanaan tugasnya (jika diperlukan) setelah memperoleh persetujuan dari Dewan Komisaris.
4. Melakukan wewenang lain yang diberikan oleh Dewan Komisaris

Duties and Responsibilities of Investment & Remuneration Committee

The Investment Committee has the following duties and responsibilities:

1. Reviewing and evaluating the Company's investment plan.
2. Monitoring the implementation of investment activities that have been planned and approved by the Shareholders.
3. Monitoring the utilization of investments that have been carried out.
4. Providing recommendations on the effectiveness of investment activities and implementation of investment policies in the Company.
5. Supervising the policies of the Board of Directors in managing the Company.
6. Providing recommendations to the Board of Directors, including for the preparation of RJPP, RKAP based on the provisions stipulated in the Articles of Association, GMS Resolutions as well as prevailing laws and regulations, especially in terms of investment.
7. Reviewing stakeholders' suggestions, problems or complaints submitted directly to the Board of Commissioners.
8. Identifying matters requiring the attention of the Board of Commissioners and other duties of the Board of Commissioners.
9. Preparing an investment committee work plan and annual budget to the Board of Commissioners to be determined and submitted to the Board of Directors for information.
10. Carrying out other supervisory duties at the request of the Board of Commissioners.

Authorities of Investment Committee

In carrying out its duties, the Investment & Remuneration Audit Committee has the following authorities:

1. Obtaining access to the Company's documents, data and information needed to carry out its duties.
2. Communicating directly with parties related to the duties of the Investment and Remuneration Committee.
3. Involving independent parties outside the members of the Investment and Remuneration Committee who are needed to assist in carrying out their duties after obtaining approval from the Board of Commissioners.
4. Exercising other authorities granted by the Board of Commissioners.

Profil Anggota Komite

Committee Member Profile

Burhani Furak
Anggota Komite /
Committee Member

Tempat, Tanggal Lahir / Place, Date of Birth	Tegal, 24 Juni 1983 / Tegal, June 24, 1983
Riwayat Pendidikan / Education	• S1 Akuntansi Universitas Indonesia (2008) / Bachelor's Degree in Accounting from Universitas Indonesia (2008)
Keahlian / Expertise	Manajemen Keuangan / Financial Management
Riwayat Pekerjaan / Career History	• Auditor Ahli Muda (2005) di KAP Tanubrata / Junior Expert Auditor (2005) at KAP Tanubrata • Asisten Analis Kuantitas (2011-2013) di PT Pertamina (Persero) / Quantity Analyst Assistant (2011-2013) at PT Pertamina (Persero) • Supervisor Kuantitas Akuntansi (2013-2014) di PT Pertamina (Persero) / Accounting Quantity Supervisor (2013-2014) at PT Pertamina (Persero) • Senior Supervisor VAT (2016-2018) di PT Pertamina (Persero) / Senior Supervisor VAT (2016-2018) at PT Pertamina (Persero) • Senior Analis Investasi (2018- Sekarang) di PT Pertamina (Persero) / Senior Investment Analyst (2018-Present) at PT Pertamina (Persero)
Dasar Pengangkatan / Basis of Appointment	Surat Keputusan Dewan Komisaris No. Kpts-044/DK. PBM/2021-S8 tanggal 9 Februari 2021 / Decree of the Board of Commissioners No. Kpts-044/DK. PBM/2021-S8 dated February 9, 2021.

Masa Jabatan Anggota Komite

a. Ketua dan anggota Komite diangkat dan diberhentikan oleh Dewan Komisaris.
b. Pengangkatan dan pemberhentian anggota Komite dilaporkan kepada pemegang saham.
c. Masa jabatan anggota komite yang berasal dari dan merupakan anggota Dewan Komisaris Perseroan adalah sesuai dengan masa jabatannya sebagai anggota Dewan Komisaris.
d. Masa jabatan anggota komite yang bukan merupakan anggota Dewan Komisaris Perseroan paling lama 2 (dua) tahun dan dapat diperpanjang satu kali selama 1 (satu) tahun masa jabatan, dengan tidak mengurangi hak Dewan Komisaris untuk memberhentikannya sewaktu-waktu.
e. Akumulasi masa jabatan seseorang sebagai anggota komite pada satu Anak Perusahaan/Perusahaan Patungan maksimal selama 3 (tiga) tahun.

Term of Office of Committee Members

a. The head members of the committee are appointed and dismissed by the Board of Commissioners.
b. Appointment and dismissal of committee members are reported to shareholders.
c. Term of office of committee members who come from, and are members of the Company's Board of Commissioners, is in accordance with their tenure as members of the Board of Commissioners
d. Term of office for committee members who are not members of the Company's Board of Commissioners is 2 (two) years and can be extended once for 1 (one) year of office, without prejudice to the right of the Board of Commissioners to dismiss them at any time.
e. Accumulated term of office of a person as a committee member in one Subsidiary/Joint Venture is a maximum of 3 (three) years.

Independensi Komite

Komite menjalankan fungsinya dengan bertindak secara independen terhadap Direksi serta secara berkala memberikan laporan kepada Dewan Komisaris. Hal-hal terkait tata kerja Komite Investasi dan komite lainnya tersebut, termasuk tetapi tidak terbatas pada pelaporan komite, rapat-rapat komite, rencana kerja dan penganggaran, dan evaluasi kinerja komite diatur dalam piagam komite yang ditetapkan oleh Dewan Komisaris berdasarkan usulan komite terkait. Seluruh anggota komite tidak memiliki hubungan afiliasi baik secara kekeluargaan dan hubungan bisnis dengan anggota Dewan Komisaris dan anggota Direksi.

Independence of the Committee

The committee carries out their functions by acting independently from the Board of Directors and periodically reports to the Board of Commissioners. Matters related to the work procedures of the Investment Committee and other committees, including but not limited to committee reporting, committee meetings, work plan and budget, as well as committee performance evaluation, are stipulated in the committee charter established by the Board of Commissioners based on the recommendations of the relevant committee. All committee members do not have family and business affiliations with members of the Board of Commissioners and members of the Board of Directors.

Rapat Komite / Committee Meetings

Nama / Name	Jabatan / Position	Jumlah Rapat / Total Meetings	Jumlah Kehadiran / Total Attendance	Tingkat Kehadiran (%) / Attendance Rate (%)
Farid hariyanto	Ketua Komite / Head of Committee	8	2	25%
Burhani Furak	Anggota / Member	8	8	100%

Pendidikan dan Pelatihan

Sepanjang tahun 2021, seluruh anggota Komite Investasi Perseroan tidak mengikuti program pelatihan.

Education and Training

Throughout 2021, all members of the Investment Committee did not participate in the training program.

Pelaksanaan Kegiatan / Activities Implemented

No	Kegiatan / Activities	Output
1	Rapat komite / Committee meeting	Notulen rapat / Meeting minutes

KOMITE NOMINASI & REMUNERASI

Komite Nominasi & Remunerasi membantu Dewan Komisaris menjalankan fungsi pengawasan Dewan Komisaris antara lain namun tidak terbatas untuk melakukan evaluasi serta menyusun dan memberikan rekomendasi kepada Dewan Komisaris mengenai sistem atau kebijakan nominasi dan remunerasi bagi Dewan Komisaris, Direksi, dan pekerja secara keseluruhan.

NOMINATION & REMUNERATION COMMITTEE

The Nomination & Remuneration Committee assists the Board of Commissioners in carrying out the supervisory function of the Board of Commissioners, including but not limited to evaluating as well as preparing and providing recommendations to the Board of Commissioners regarding the nomination and remuneration system or policy for the Board of Commissioners, Board of Directors, and employees in general.

Tugas dan Tanggung Jawab Komite Nominasi & Remunerasi

Komite Nominasi & Remunerasi memiliki tugas dan tanggung jawab sebagai berikut:

1. Memberikan rekomendasi kepada Dewan Komisaris terkait fungsi nominasi, antara lain:
   a. Komposisi jabatan anggota Direksi dan/atau anggota Dewan Komisaris
   b. Kebijakan dan kriteria yang dibutuhkan dalam proses nominasi
   c. Kebijakan evaluasi kinerja bagi anggota Direksi dan/ atau anggota Dewan Komisaris
   d. Memberikan usulan/rekomendasi calon anggota Direksi dan/atau calon anggota Dewan Komisaris yang memenuhi syarat kepada Dewan Komisaris untuk disampaikan kepada Rapat Umum Pemegang Saham
   e. Menyusun dan memberikan rekomendasi kepada Dewan Komisaris mengenai sistem dan prosedur pemilihan dan/ atau penggantian anggota Dewan Komisaris dan Direksi kepada Dewan Komisaris untuk disampaikan kepada Pemegang Saham

Duties and Responsibilities of the Nomination & Remuneration Committee

The Nomination & Remuneration Committee has the following duties and responsibilities:

1. Providing recommendations to the Board of Commissioners regarding the nomination function, including:
   a. Composition of the positions of members of the Board of Directors and/or members of the Board of Commissioners
   b. Policies and criteria required in the nomination process
   c. Performance evaluation policy for members of the Board of Directors and/or members of the Board of Commissioners
   d. Suggestions/recommendations for prospective members of the Board of Directors and/or prospective members of the Board of Commissioners who meet the requirements to the Board of Commissioners to be submitted to the General Meeting of Shareholders
   e. Recommendations to the Board of Commissioners regarding systems and procedures for selecting and/or replacing members of the Board of Commissioners and Board of Directors to the Board of Commissioners to be submitted to the Shareholders

f. Membantu Dewan Komisaris melakukan penilaian kinerja anggota Direksi dan/atau anggota Dewan Komisaris berdasarkan tolok ukur yang telah disusun sebagai bahan evaluasi

g. Memberikan rekomendasi kepada Dewan Komisaris mengenai program pengembangan kemampuan anggota Direksi dan/atau anggota Dewan Komisaris

2. Memberikan rekomendasi kepada Dewan Komisaris terkait fungsi remunerasi, antara lain:
   a. Melakukan evaluasi terhadap sistem/kebijakan remunerasi yang didasarkan atas kinerja, risiko, kewajaran serta sasaran dan strategi jangka panjang perusahaan
   b. Menyusun dan memberikan rekomendasi kepada Dewan Komisaris mengenai:
      1) Struktur remunerasi
      2) Kebijakan remunerasi
      3) Besaran remunerasi Struktur, kebijakan dan besaran remunerasi bagi Dewan Komisaris dan Direksi tersebut di evaluasi oleh Komite Nominasi & Remunerasi sekurang-kurangnya satu kali dalam satu tahun
   c. Menyampaikan hasil evaluasi dan memberikan rekomendasi kepada Dewan Komisaris mengenai:
      1) Kebijakan remunerasi bagi Direksi dan Dewan Komisaris untuk disampaikan pada Rapat Umum Pemegang Saham
      2) Kebijakan remunerasi bagi pejabat eksekutif dan pegawai secara keseluruhan untuk disampaikan kepada Direksi
   d. Memastikan bahwa kebijakan remunerasi telah sesuai dengan ketentuan yang berlaku
   e. Melakukan evaluasi secara berkala terhadap penerapan kebijakan remunerasi
   f. Membantu Dewan Komisaris melakukan penilaian kinerja dengan kesesuaian remunerasi yang diterima masing-masing anggota Direksi dan/atau anggota Dewan Komisaris
   g. Menjalankan tugas lainnya yang diberikan oleh Dewan Komisaris terkait fungsi nominasi dan remunerasi

Wewenang Komite Nominasi dan Remunerasi

Dalam melaksanakan tugasnya, Komite Nominasi & Remunerasi memiliki wewenang, antara lain:

1. Mendapatkan akses terhadap dokumen, data, dan informasi Perseroan yang diperlukan untuk melaksanakan tugasnya.

f. Assisting the Board of Commissioners in assessing the performance of members of the Board of Directors and/or members of the Board of Commissioners based on benchmarks that have been prepared as evaluation materials

g. Providing recommendations to the Board of Commissioners regarding capacity building programs for members of the Board of Directors and/or members of the Board of Commissioners.

2. Providing recommendations to the Board of Commissioners related to remuneration function, among others:
   a. Evaluating the remuneration system/policy based on the performance, risk, fairness, and long-term goals as well as strategies of the Company
   b. Preparing and providing recommendations to the Board of Commissioners regarding:
      1) Remuneration structure
      2) Remuneration policy
      3) Remuneration amount, structure, and policy for the Board of Commissioners and Board of Directors are evaluated by the Nomination & Remuneration Committee at least once a year
   c. Submitting results of evaluation and providing recommendation to the Board of Commissioners regarding:
      1) Remuneration policy for the Board of Directors and Board of Commissioners to be submitted at the General Meeting of Shareholders
      2) Remuneration policy for executive officers and employees as a whole to be submitted to the Board of Directors
   d. Ensuring that the remuneration policy is in accordance with prevailing regulations
   e. Conducting periodic evaluations of the implementation of the remuneration policy
   f. Assisting the Board of Commissioners in assessing performance according to the remuneration received by each member of the Board of Directors and/or members of the Board of Commissioners
   g. Carrying out other duties assigned by the Board of Commissioners related to the nomination and remuneration functions.

Authority of Nomination & Remuneration Committee

In carrying out its duties, the Nomination & Remuneration Committee has the following authority:

1. Obtaining access to the Company's documents, data and information needed to carry out its duties.

2. Melakukan komunikasi langsung dengan pihak-pihak yang terkait dengan tugas-tugas Komite Investasi dan Remunerasi.
3. Melibatkan pihak independen di luar anggota Komite Investasi dan Remunerasi untuk membantu pelaksanaan tugasnya (jika diperlukan) setelah memperoleh persetujuan dari Dewan Komisaris.
4. Melakukan wewenang lain yang diberikan oleh Dewan Komisaris

2. Communicating directly with parties related to the duties of the Investment and Remuneration Committee.
3. Involving independent parties outside the members of the Investment and Remuneration Committee who are needed to assist in carrying out their duties after obtaining approval from the Board of Commissioners.
4. Exercising other authority granted by the Board of Commissioners.

Profil Anggota Komite

Committee Member Profile

Kontak / Contact	No Hp: 08151679356 Email: swibowob@gmail.com
Riwayat Pendidikan / Education	• D3 Akuntansi Sekolah Tinggi Ilmu Ekonomi Indonesia (2000) / Associate Degree in Accounting from Sekolah Tinggi Ilmu Ekonomi Indonesia (2000)
Keahlian / Expertise	Manajemen Keuangan / Financial Management
Riwayat Pekerjaan / Career History	• Staff Payroll dan Koordinator Proyek (2002-2007) di PT Promosindo Midia Tenaga / Payroll Staff and Project Coordinator (2002-2007) at PT Promosindo Midia Tenaga • Staff Kompensasi dan Kontrol Biaya (2007-2011) di Kodeco Energy / Compensation and Cost Control Staff (2007-2011) at Kodeco Energy • Reward Specialist (2011-2018) di PT Pertamina Hulu Energi / Reward Specialist (2011-2018) at PT Pertamina Hulu Energi • Senior Analis Kompensasi dan Insentif (2018-Sekarang) di PT Pertamina (Persero) / Senior Compensation and Incentive Analyst (2018-Present) at PT Pertamina (Persero)
Dasar Pengangkatan / Basis of Appointment	Surat Keputusan Dewan Komisaris No. Kpts-043/DK. PBM/2021-S8 tanggal 9 Februari 2021 / Decree of the Board of Commissioners No. Kpts-043/DK. PBM/2021-S8 dated February 9, 2021.

Satryo Wibowo Boediyanto
Anggota Komite /
Committee Member

Masa Jabatan Anggota Komite

a. Ketua dan anggota Komite diangkat dan diberhentikan oleh Dewan Komisaris.
b. Pengangkatan dan pemberhentian anggota Komite dilaporkan kepada pemegang saham.
c. Masa jabatan anggota komite yang berasal dari dan merupakan anggota Dewan Komisaris Perseroan adalah sesuai dengan masa jabatannya sebagai anggota Dewan Komisaris.
d. Masa jabatan anggota komite yang bukan merupakan anggota Dewan Komisaris Perseroan paling lama 2 (dua) tahun dan dapat diperpanjang satu kali selama 1 (satu) tahun masa jabatan, dengan tidak mengurangi hak Dewan Komisaris untuk memberhentikannya sewaktu-waktu.
e. Akumulasi masa jabatan seseorang sebagai anggota komite pada satu Anak Perusahaan/Perusahaan Patungan maksimal selama 3 (tiga) tahun.

Term of Office of Committee Members

a. The head members of the committee are appointed and dismissed by the Board of Commissioners.
b. Appointment and dismissal of committee members are reported to shareholders.
c. Term of office of committee members who come from, and are members of the Company's Board of Commissioners, is in accordance with their tenure as members of the Board of Commissioners
d. Term of office for committee members who are not members of the Company's Board of Commissioners is 2 (two) years and can be extended once for 1 (one) year of office, without prejudice to the right of the Board of Commissioners to dismiss them at any time.
e. Accumulated term of office of a person as a committee member in one Subsidiary/Joint Venture is a maximum of 3 (three) years.

Independensi Komite

Komite Nominasi & Remunerasi di dalam memenuhi fungsi dan perannya sebagai organ pendukung Dewan Komisaris bertindak secara independen terhadap Direksi dan secara berkala memberikan laporan kepada Dewan Komisaris. Hal-hal terkait tata kerja Komite Nominasi & Remunerasi dan komite lainnya tersebut, termasuk tetapi tidak terbatas pada pelaporan komite, rapat-rapat komite, rencana kerja dan penganggaran, dan evaluasi kinerja komite diatur dalam piagam komite yang ditetapkan oleh Dewan Komisaris berdasarkan usulan komite terkait.

Independence of the Committee

In carrying out their functions, the Nomination & Remuneration Committee as supporting organ of the Board of Commissioners acts independently of the Board of Directors and periodically reports to the Board of Commissioners. Matters related to the work procedures of the Nomination & Remuneration Committee and other committees, including but not limited to committee reporting, committee meetings, work plans and budget, as well as committee performance evaluation are stipulated in the committee charter established by the Board of Commissioners based on the recommendations of the relevant committees.

Seluruh anggota Komite Nominasi & Remunerasi tidak memiliki hubungan afiliasi baik secara kekeluargaan dan hubungan bisnis dengan anggota Dewan Komisaris dan anggota Direksi.

All Nomination & Remuneration Committee members do not have family and business affiliations with members of the Board of Commissioners and members of the Board of Directors.

Rapat Komite / Committee Meetings

Nama / Name	Jabatan / Position	Jumlah Rapat / Total Meetings	Jumlah Kehadiran / Total Attendance	Tingkat Kehadiran (%) / Attendance Rate (%)
Dante Saksono	Ketua / Head	5	1	20%
Satryo Wibowo	Anggota / Member	5	5	100%

Pendidikan dan Pelatihan

Sepanjang tahun 2021, seluruh anggota Komite Nominasi & Remunerasi Perseroan tidak mengikuti program pelatihan.

Education and Training

Throughout 2021, all members of the Nomination & Remuneration Committee did not participate in the training program.

Pelaksanaan Kegiatan / Activities Implemented

No	Kegiatan / Activities	Output
1	Rapat Komite / Committee meeting	Notulen / Minutes
2	Review struktur organisasi AP PBM IHC / Review of AP PBM IHC organizational structure	Struktur Organisasi AP / AP Organizational Structure
3	Review Tantiem BOD dan BOC / Review of tantiem for the Board of Directors and Board of Commissioners	Usulan tantiem / Tantiem proposal
4	Review usulan remunerasi / Review of remuneration proposal	Usulan remunerasi / Remuneration proposal

PENILAIAN KINERJA KOMITE

Terkait dengan evaluasi kinerja komite, hal tersebut telah diatur di dalam piagam komite yang ditetapkan oleh Dewan Komisaris berdasarkan usulan komite terkait.

COMMITTEE PERFORMANCE ASSESSMENT

Committee performance evaluation has been regulated in the committee charter established by the Board of Commissioners based on the recommendations of the related committees.

Penilaian Komite Audit

Hingga akhir tahun 2021, Komite Audit telah menyelesaikan tugas dan tanggung jawabnya dengan baik sebagai organ pendukung Dewan Komisaris.

Audit Committee Assessment

As of the end of 2021, the Audit Committee has completed its duties and responsibilities properly as a supporting organ for the Board of Commissioners.

Penilaian Komite Manajemen Risiko

Hingga akhir tahun 2021, Komite Manajemen Risiko telah menyelesaikan tugas dan tanggung jawabnya dengan baik sebagai organ pendukung Dewan Komisaris.

Risk Management Committee Assessment

As of the end of 2021, the Risk Management Committee has completed its duties and responsibilities properly as a supporting organ for the Board of Commissioners.

Penilaian Komite Investasi

Hingga akhir tahun 2021, Komite Investasi telah menyelesaikan tugas dan tanggung jawabnya dengan baik dalam menjalankan fungsi komite di Perseroan.

Investment Committee Assessment

Until the end of 2021, the Investment Committee has completed its duties and responsibilities properly in carrying out the committee function in the Company.

Penilaian Komite Nominasi dan Remunerasi

Hingga akhir tahun 2020, Komite Nominasi dan Remunerasi telah menyelesaikan tugas dan tanggung jawabnya dengan baik dalam menjalankan fungsi komite di Perseroan.

Nomination and Remuneration Committee Assessment

Until the end of 2021, the Nomination and Remuneration Committee has completed its duties and responsibilities properly in carrying out the committee function in the Company.

HUBUNGAN AFILIASI DIREKSI DAN DEWAN KOMISARIS

BOARD OF DIRECTORS AND BOARD OF COMMISSIONERS AFFILIATIONS

Dewan Komisaris / Board of Commissioners

Nama / Name	Hubungan Keluarga dengan / Family Relations						Hubungan Finansial dengan / Financial Relations					
	Dewan Komisaris / Board of Commissioners		Direksi / Board of Directors		Pemegang Saham Pengendali / Controlling Shareholder		Dewan Komisaris / Board of Commissioners		Direksi / Board of Directors		Pemegang Saham Pengendali / Controlling Shareholder	
	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No
Farid Harianto		✓		✓		✓		✓		✓		✓
Dante Saksono Harbuwono		✓		✓		✓		✓		✓		✓
Henry Hendrawan		✓		✓		✓		✓		✓		✓
Iman Rachman		✓		✓		✓		✓		✓		✓

Direksi / Board of Directors

Nama / Name	Hubungan Keluarga dengan / Family Relations						Hubungan Finansial dengan / Financial Relations					
	Dewan Komisaris / Board of Commissioners		Direksi / Board of Directors		Pemegang Saham Pengendali / Controlling Shareholder		Dewan Komisaris / Board of Commissioners		Direksi / Board of Directors		Pemegang Saham Pengendali / Controlling Shareholder	
	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No	Ya / Yes	Tidak / No
Fathema Djan Rachmat		✓		✓		✓		✓		✓		✓
Budirahardjo Legowo		✓		✓		✓		✓		✓		✓
Asep Saepul Rohmat		✓		✓		✓		✓		✓		✓
Mira Dyah Wahyuni		✓		✓		✓		✓		✓		✓

INTERNAL AUDIT

Internal Audit (IA) merupakan organ *Good Corporate Governance* (GCG) yang dirancang untuk melakukan aktivitas pengawasan atas pengendalian secara independen dan objektif guna memberikan nilai tambah bagi Perseroan melalui pengelolaan operasional bisnis usaha secara efisien dan efektif.

Selain itu, Internal Audit juga bertugas untuk memastikan kepatuhan Perseroan terhadap peraturan pemerintah berupa peraturan antara lain di bidang kesehatan, tenaga kerja, perpajakan, dan investasi serta ketentuan-ketentuan dari ikatan profesi seperti *Standar Profesional Audit Internal* (SPAI) dan *International Professional Practice Framework* (IPPF) *of Internal Auditing* yang diterbitkan oleh *The Institute of Internal Auditors* (IIA).

Dalam memenuhi tanggung jawab secara profesional kepada Komite Audit, maka fungsi Internal Audit adalah menjalankan tugas pengawasan (*Assurance*) fungsi pemberian nasihat (*Consulting*) untuk meyakini/ memastikan efektivitas sistem pengendalian intern dan efektivitas pelaksanaan tugas eksternal auditor. Selain itu juga membantu Komite Audit menjalankan tugas sesuai *Board Manual* Pertamedika Bagian H. Organ Pendukung Komisaris Sub bagian 1.a Komite Audit dan Investasi dengan rincian sebagai berikut:

1. Membantu Dewan Komisaris memastikan efektivitas sistem pengendalian intern dan efektivitas pelaksanaan tugas eksternal auditor dan internal auditor.
2. Menilai pelaksanaan kegiatan serta hasil audit yang dilaksanakan oleh internal auditor dan eksternal auditor.
3. Memberikan rekomendasi mengenai penyempurnaan sistem pengendalian manajemen serta pelaksanaannya.
4. Memastikan telah terdapat prosedur evaluasi yang memuaskan terhadap segala informasi yang telah dikeluarkan perusahaan.
5. Melakukan identifikasi hal-hal yang memerlukan perhatian Dewan Komisaris serta tugas-tugas Dewan Komisaris lainnya.

INTERNAL AUDIT

Internal Audit (IA) is part of the Good Corporate Governance (GCG) organ which was designed with the aim of carrying out supervisory activities over control independently and objectively in order to provide added value to the Company through efficient and effective management of business operations.

In addition, Internal Audit is also assigned to ensure the Company's compliance with regulations issued by the government in the form of regulations in the fields of health, labor, taxation, and investment as well as provisions of professional associations such as Internal Audit Professional Standards (SPAI) and International Professional Practice Framework (IPPF) of Internal Auditing published by The Institute of Internal Auditors (IIA).

In fulfilling the responsibilities professionally to the Audit Committee, the functions carried out by the Internal Audit are to carry out the task of assurance and the function of consulting to ensure/guarantee the effectiveness of the internal control system and the implementation of the external auditor's duties. In addition, Internal Audit assists the Audit Committee in carrying out its duties in accordance with the Board Manual of Pertamedika Section H. Supporting Organs for the Commissioners Sub-section 1.a, Audit and Investment Committee with the following details:

1. Assisting the Board of Commissioners in ensuring the effectiveness of internal control system and implementation of the duties of the external and internal auditors.
2. Assessing the implementation of activities and results of audits carried out by internal auditors and external auditors.
3. Providing recommendations regarding the improvement of the management control system and its implementation.
4. Ensuring that there is a satisfactory evaluation procedure for all information that has been released by the Company.
5. Identifying matters requiring the attention of the Board of Commissioners and other duties of the Board of Commissioners.

Profil Kepala *Internal Audit*

Internal Audit Head Profile

Nanang Taufik Syarifudin
Kepala Internal Audit /
Internal Audit Head

Tanggal Pengangkatan / Appointment Date	29 Juni 2020 / June 29, 2020
Dasar Hukum Pengangkatan / Legal Basis of Appointment	Surat Keputusan Direktur Utama PT Pertamina Bina Medika IHC No. Kpts. 1056/A00000/2020-S8 / President Director Decree of PT Pertamina Bina Medika IHC No. Kpts. 1056/A00000/2020-S8
Kewarganegaraan / Nationality	Indonesia
Tempat, Tanggal Lahir / Place, Date of Birth	Surakarta, 1 Agustus 1968 / Surakarta, August 1, 1968
Usia / Age	54 Tahun / Years Old
Gelar / Title	1. Akademik / Academic D3 STAN (1990), S1 Akuntansi Universitas Indonesia (2000) dan S2 Magister Akuntansi - MAKSI Universitas Indonesia (2004) / Associate's Degree from STAN (1990), Bachelor of Accounting from UI (2000), and Master of Accounting from UI (2004) 2. Profesi / Professional Akuntan - Ak (2000), Chartered Accountant - CA (2014), Certified Public Accountant - CPA (2016) dan Certified Risk Profesional - CRP (2016)
Riwayat Kerja / Employment History	1990 - 2008: Auditor di Badan Pengawasan Keuangan dan Pembangunan (BPKP), selama (18) tahun / Auditor in the Finance and Development Supervisory Agency (BPKP) for 18 years 2008 - sekarang / present: Bergabung di Pertamedika IHC, dengan posisi sbb: / Part of Pertamedika IHC with the following positions: 1. Manager Kontroler di Korporat Pertamedika (2008-2010) / Manager Controller at Pertamedika Corporate (2008-2010) 2. Wakil Direktur Keuangan RSPJ (2010-2011) / Deputy Director of Finance of RSPJ (2010-2011) 3. Wakil Direktur Keuangan RSPB (2011-2012) / Deputy Director of Finance of RSPB (2011-2012) 4. Manager Treasuri, Investasi dan Pajak (2012-2015) / Manager of Treasury, Investment and Tax (2012-2015) 5. Manager Portofolio Bisnis dan Manajemen Risiko (2015-2017) / Manager of Business Portfolio and Risk Management (2015-2017) 6. Manager Manajemen Risiko (2017-2020) / Manager of Risk Management (2017-2020) 7. Head of Internal Auditor (2020 - sekarang / present)

Pengangkatan dan Pemberhentian Kepala Internal Audit

Pengangkatan dan pemberhentian *Head of Internal Audit* dilakukan oleh Direktur Utama PT Pertamina Bina Medika IHC berdasarkan pertimbangan *Chief Audit Executive* (CAE) PT Pertamina (Persero) dengan persetujuan Dewan Komisaris PT Pertamina Bina Medika IHC. Pengangkatan *Head of Internal Audit* berdasarkan pada Surat Keputusan Direktur Utama PT Pertamina Bina Medika IHC No. Kpts. 1056/A00000/2020-S8 tanggal 29 Juni 2020.

Appointment and Dismissal of Head of Internal Audit

The appointment and dismissal of the Head of Internal Audit is carried out by the President Director of PT Pertamina Bina Medika IHC based on the consideration of the Chief Audit Executive (CAE) of PT Pertamina (Persero) with the approval of the Board of Commissioners of PT Pertamina Bina Medika IHC. The appointment of the Head of Internal Audit is based on the President Director Decree of PT Pertamina Bina Medika IHC No. Kpts. 1056/A00000/2020-S8 dated June 29, 2020

Struktur Internal Audit

Secara struktural, Fungsi Internal Audit menyampaikan Visi, Misi, Piagam Audit (*Audit Charter*), *Annual Audit Plan* (AAP), Rencana Kerja & Anggaran Perusahaan (RKAP), Laporan Kegiatan Internal Audit dan Laporan Pencapaian *Key Performance Indicators* (KPI) Fungsi Internal Audit kepada Direktur Utama. Secara fungsional, Fungsi Internal Audit menyampaikan AAP dan RKAP, serta Laporan Kegiatan Internal Audit kepada Komite Audit dan *Chief Audit Executive* (CAE) PT Pertamina (Persero).

Internal Audit Structure

Structurally, the Internal Audit Function conveys the Vision, Mission, Audit Charter, Annual Audit Plan (AAP), Company Work Plan & Budget (RKAP), Internal Audit Activity Reports and Key Performance Indicators (KPI) Achievement Reports for Internal Audit Function to the President Director. Functionally, the Internal Audit Function submits AAP and RKAP, as well as Internal Audit Activity Reports to the Audit Committee and Chief Audit Executive (CAE) of PT Pertamina (Persero).

Pada tahun 2021, kegiatan Internal Audit yang bersifat koordinasi baik struktural maupun fungsional dengan *Board of Director* (BOD), Komite Audit dan CAE PT Pertamina (Persero) adalah sebagai berikut:

In 2021, both structural and functional activities of Internal Audit in coordination with the Board of Directors (BOD), Audit Committee and CAE of PT Pertamina (Persero) are as follows:

No	Tanggal / Date	Agenda
1	21 Januari 2021 / January 21, 2021	Rapat Pemaparan Realisasi Program Kerja dan RKAP 2020 serta RKAP 2021 / Meeting for Presenting the Work Program Realization as well as the 2020 and 2021 RKAP
2	17 Februari 2021 / February 17, 2021	Pemaparan Laporan Kegiatan Internal Audit Periode Desember 2021 Kepada Direksi Pertamedika IHC / Presentation of the Internal Audit Activity Report for the December 2021 Period to the Directors of Pertamedika IHC
3	26 Februari 2021 / February 26, 2021	Pembahasan *Alignment* KPI Internal Audit *Holding*, *Sub Holding* dan AP PT Pertamina (Persero) / Discussion on the Alignment of KPI Internal Audit Holding, Sub Holding and PT Pertamina (Persero) Subsidiaries
4	12 Maret 2021 / March 12, 2021	Pemaparan Program Kerja Audit Pertamedika IHC 2021 Kepada Komite Audit / Presentation of the 2021 IHC Pertamedika Audit Work Program to the Audit Committee
5	12 Maret 2021 / March 12, 2021	Rapat Atas Progres Pelaksanaan Audit Internal / Meeting on the Progress of Internal Audit Implementation
6	06 April 2021 / March 12, 2021	*Exit Meeting* Pelaksanaan Audit Internal / Exit Meeting on the Implementation of Internal Audit
7	16 April 2021 / April 16, 2021	Pemaparan Laporan Kegiatan Internal Audit Periode Desember 2020 - Februari 2021 Kepada *Board of Director* / Presentation of the Internal Audit Activity Report for the Period December 2020 - February 2021 to the Board of Directors
8	20 Mei 2021 / May 20, 2021	Pembahasan Pencegahan Korupsi di BUMN Bidang Kesehatan dengan KPK / Discussion on Prevention of Corruption in SOEs in the Health Sector with the KPK
9	21 Mei 2021 / May 21, 2021	*Exit Meeting* Pelaksanaan Audit Internal / Exit Meeting on the Implementation of Internal Audit
10	04 Juni 2021 / June 04 2021	Rapat Koordinasi dan Monitoring Tindak Lanjut Temuan BPK RI / Meeting of Coordination and Follow-up on the Monitoring of BPK RI Findings
11	11 Juni 2021 / June 11, 2021	Sosialisasi Implementasi *Audit Management System* (AMS) / Dissemination of the Implementation of the Audit Management System (AMS)
12	25 Juni 2021 / June 25, 2021	Rapat dengan BPKP Terkait Pendampingan Proyek Strategis / Meeting with BPKP Regarding Strategic Project Assistance
13	07 Juli 2021 / July 07, 2021	Rapat Audit Mutu Internal ISO 9001:2015 / ISO 9001:2015 Internal Quality Audit Meeting
14	22 Juli 2021 / July 22, 2021	Koordinasi Penyiapan Pemaparan Pembangunan RS Modular Tanjung Duren dengan BPKP / Coordination of the Preparation of the Tanjung Duren Modular Hospital Development Presentation with BPKP
15	23 Juli 2021 / July 23, 2021	Koordinasi Pendampingan Pembangunan RS Tanjung Duren dengan BPKP / Coordination of Tanjung Duren Hospital Development Assistance with BPKP
16	05 Agustus 2021 / August 05, 2021	Pelaksanaan Audit ISO 37001:2016 Tahap II / Implementation of ISO 37001:2016 Audit Phase I
17	10 Agustus 2021 / August 10, 2021	Rapat Koordinasi Internal Audit Holding & AP Pertamedika IHC / Coordination Meeting of Internal Audit Holding & Pertamedika IHC Subsidiaries
18	10 Agustus 2021 / August 10, 2021	Rapat Persiapan Pemantauan KPK Untuk Sektor Kesehatan / KPK Monitoring Preparation Meeting for the Health Sector
19	13 Agustus 2021 / August 13, 2021	Diskusi PT. Pertamina Bina Medika IHC dengan AKBU KPK / Discussion of PT. Pertamina Bina Medika IHC and AKBU KPK
20	24 Agustus 2021 / August 24, 2021	Rapat Atas Progres Pelaksanaan Audit Eksternal di Pertamina dan Anak Perusahaan / Meeting on the Progress of External Audit Implementation at Pertamina and its Subsidiaries
21	09 September 2021 / September 09, 2021	Rapat *Periodic Quality Assessment* (PQA) Fungsi Internal Audit Pertamina Group Tahun 2021 / Periodic Quality Assessment (PQA) Meeting of Pertamina Group's Internal Audit Function in 2021
22	10 September 2021 / September 10, 2021	Rapat dengan *Board of Director* - Tranformation / Meeting with the Board of Directors - Transformation
23	20 September 2021 / September 20, 2021	Rapat Atas Progres Pelaksanaan Audit Internal / Meeting on the Progress of Internal Audit Implementation
24	30 September 2021 / September 30, 2021	Progres Pendampingan Audit Eksternal / External Audit Assistance Progress
25	14 Oktober 2021 / October 14, 2021	Rapat dengan *Board of Director* – Kinerja IA / Meeting with the Board of Directors – IA Performance
26	18 Oktober 2021 / October 18, 2021	*Kick Off* Penyusunan Program Kerja Fungsi Internal Audit Tahun 2022 / Kick Off for the Preparation of the 2022 Internal Audit Function Work Program
27	19 Oktober 2021 / October 19, 2021	Progres Pendampingan Audit Eksternal / External Audit Assistance Progress
28	16 November 2021 / November 16, 2021	Rapat dengan *Board of Director* - Laporan Periode Oktober, FHO Tarakan dan WBS / Meeting with the Board of Directors - October Period Report, FHO Tarakan and WBS
29	19 November 2021 / November 19, 2021	Rapat dengan Komisaris Utama – Laporan TW II dan TW III dan AAP 2022 / Meeting with the President Commissioner – Reports for Q1, Q2, and the 2022 AAP
30	24 November 2021 / November 24, 2021	*Kick Off Meeting* Audit KAP Atas Laporan Keuangan PT Pertamina, dan AP PT Pertamina Tahun Buku 2021 / Kick Off Meeting of the KAP to Audit the Financial Statements of PT Pertamina and Its Subsidiaries for the 2021 Fiscal Year
31	06 Desember 2021 / December 06, 2021	*Kick Off Meeting* Audit KAP Atas Laporan Keuangan PT Pertamina Bina Medika IHC dan AP Pertamedika IHC Tahun Buku 2021 / Kick Off Meeting of the KAP to Audit the Financial Statements of PT Pertamina Bina Medika IHC and Its Subsidiaries for the 2021 Fiscal Year

No	Tanggal / Date	Agenda
32	08 Desember 2021 / December 08, 2021	Sosialisasi Budaya Anti Korupsi di Lingkungan Perusahaan dengan KPK / Dissemination of Anti-Corruption Culture in the Company's Environment with the KPK
33	20 Desember 2021 / December 20, 2021	Monitoring Progres Audit Interim KAP EY (PSS) dengan PT Pertamina (Persero) / Monitoring the Progress of KAP EY's Interim Audit (PSS) with PT Pertamina (Persero)
33	31 Desember 2021 / December 31, 2021	Monitoring Progres Audit Interim KAP EY (PSS) dengan PT Pertamedika IHC / Monitoring the Interim Audit Progress by KAP EY (PSS) with PT Pertamedika IHC

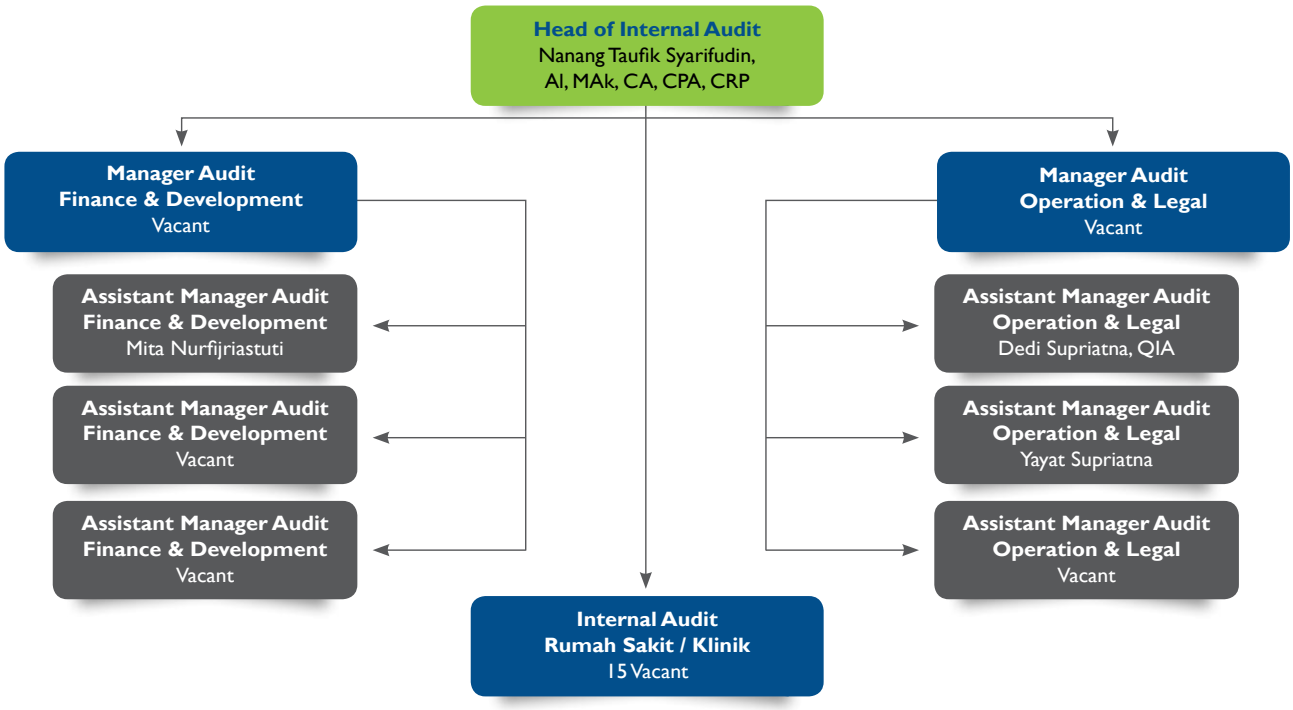
Formasi Internal Audit per 31 Desember 2021 berjumlah 4 (empat) orang dari 9 (sembilan) jabatan yang tersedia di Korporat dan dari 24 (dua puluh empat) jabatan di seluruh Pertamedika IHC, sesuai Surat Keputusan Direksi Utama Pertamedika IHC Nomor Kpts-0748/A00000/2021-S8 tanggal 9 Juni 2021 tentang Struktur Organisasi Korporat Masa Transisi PT Pertamina Bina Medika IHC, dengan susunan sebagai berikut:

The Internal Audit formation as of December 31, 2021 is a total of 4 (four) people out of the 9 (nine) positions available in the Corporate and from 24 (twenty four) positions in all Pertamedika IHC, in accordance with the Decree of President Director of Pertamedika IHC No. Kpts-0748/A00000/2021-S8 dated June 9, 2021 on Corporate Organizational Structure in the Transition Period of PT Pertamina BIna Medika IHC, with the following composition:

No	Jabatan / Position	Jumlah Personil / Total Personnel
1	Head of Internal Audit	1 orang / person
2	Manager Audit	0 orang dari 2 formasi tersedia / 0 person out of the two formations available
3	Assistant Manager Audit	3 orang dari 6 formasi tersedia / 3 people out of the 6 formations available
4	Internal Audit Rumah Sakit/Klinik / Hospital/Clinic Internal Audit	orang dari 15 formasi tersedia / people out of the 15 formations available

Adapun struktur organisasi Fungsi Internal Audit Tahun 2021 beserta formasi jabatan dan pemangku jabatan yang ada adalah sebagai berikut:

The organizational structure of the 2021 Internal Audit Function and the formation of existing positions and stakeholders are as follows:



Visi dan Misi Internal Audit

Sesuai yang tercantum dalam Piagam Internal Audit yang ditandatangani oleh Komisaris Utama, Direktur Utama dan Kepala *Internal Audit* PT Pertamina Bina Medika IHC tanggal 04 Januari 2021, maka Visi dan Misi Fungsi Internal Audit Pertamedika IHC adalah sebagai berikut:

Vision and Mission of Internal Audit

As stated in the Internal Audit Charter signed by the President Commissioner, President Director and Head of Internal Audit of PT Pertamina Bina Medika IHC on January 4, 2021, the Vision and Mission of the Internal Audit Function of Pertamedika IHC are as follows:

Visi

Menjadi fungsi *enabler* yang profesional dan terpercaya dengan menerapkan praktik audit terbaik perusahaan *healthcare* kelas dunia.

Misi

Memberikan nilai tambah bagi perusahaan melalui peran *assurance provider, problem solver, insight generator*, dan *trusted advisor.*

Uraian Tugas, Tanggung Jawab, Kewenangan, dan Kode Etik

Di dalam Perseroan, Internal Audit menjalankan tugas penting, yaitu memastikan pengendalian internal Perseroan telah berjalan dan mengalami peningkatan dari tahun ke tahun. Sesuai *Audit Charter* secara rinci, tugas Internal Audit adalah:

1. Menyusun dan mengusulkan *Annual Audit Plan* dan rencana anggaran biaya untuk mendapatkan persetujuan Direktur Utama.
2. Melaksanakan kegiatan pengawasan melalui kegiatan *assurance/consulting* di seluruh unit kerja di perusahaan.
3. Melaksanakan koordinasi pengawasan dengan Internal Audit Unit Usaha dan afiliasi Perusahaan.
4. Melaksanakan penilaian atas risiko dan kontrol secara terus-menerus.
5. Melaksanakan *review* atas laporan keuangan secara periodik.
6. Melaksanakan pemeriksaan kepatuhan terhadap peraturan terkait.
7. Mengidentifikasi alternatif perbaikan dan peningkatan kinerja bisnis perusahaan serta memitigasi terjadinya masalah berulang (*repeatable* dan *replicable*).
8. Melaksanakan koordinasi dengan Komite Audit
9. Melaporkan hasil pengawasan kepada Direktur Utama dan Direktur lainnya yang relevan.
10. *Monitoring* pelaksanaan tindak lanjut hasil audit internal, eksternal dan institusi pengawasan lainnya.
11. Melaksanakan koordinasi kegiatan pengawasan dengan eksternal audit.
12. Melaksanakan koordinasi dengan fungsi *Compliance* serta pihak terkait lainnya dalam melakukan tindak lanjut atas pengaduan/penyingkapan melalui *Whistle Blowing System (WBS)* pengaduan masyarakat atau pihak lainnya sesuai dengan ketentuan yang berlaku.
13. Melaksanakan audit investigasi terhadap masalah yang dapat menimbulkan kerugian bagi perusahaan.
14. Melaksanakan kegiatan *Quality Assurance and Improvement Program*.
15. Melaporkan hasil kegiatan pengawasan kepada Dewan Komisaris cq Komite Audit
16. Melaksanakan penugasan lain yang diamanatkan oleh Direksi dan/atau Dewan Komisaris.

Vision

Becoming a professional and trusted enabler function by applying the best auditing practices for a world-class healthcare company.

Mission

Providing added value to the Company through the role of assurance provider, problem solver, insight generator, and trusted advisor.

Description of Duties, Responsibilities, Authorities, and Code of Conduct

Internal Audit performs an important duty within the Company, namely ensuring that the Company's internal control runs properly and has an improvement over the years. Pursuant to Audit Charter, detailed duties of Internal Audit are as follows:

1. Preparing and proposing an Annual Audit Plan and budget to be approved by the President Director.
2. Carrying out supervisory activities through assurance/consulting activities in all work units in the Company.
3. Coordinating supervision with the Internal Audit Business Unit and the Company's affiliates.
4. Carrying out risk assessments and controls on an ongoing basis.
5. Conducting periodic reviews of financial statements.
6. Carrying out compliance checks with related regulations.
7. Identifying alternative improvements and increasing the Company's business performance and mitigate the occurrence of recurring problems (repeatable and replicable).
8. Coordinating with the Audit Committee.
9. Reporting the results of supervision to the President Director and other relevant Directors.
10. Monitoring the implementation of follow-up to the results of internal and external audits and other supervisory institutions.
11. Coordinating supervisory activities with external audits.
12. Coordinating with the Compliance function and other related parties in following up complaints/disclosures through the Whistleblowing System (WBS) from the public or other parties in accordance with applicable regulations.
13. Carrying out an investigative audit of problems that may cause harm to the Company.
14. Carrying out the Quality Assurance and Improvement Program activities.
15. Reporting the results of supervisory activities to the Board of Commissioners cq the Audit Committee
16. Carrying out other assignments mandated by the Board of Directors and/or the Board of Commissioners.

Internal Audit diberi wewenang untuk:

1. Memiliki akses tidak terbatas atas semua data, dokumen, fungsi kegiatan, dan sumber daya perusahaan lainnya termasuk meminta keterangan atau penjelasan pada semua pejabat/pekerja dalam rangka pelaksanaan tugas IA.
2. Menentukan ruang lingkup, metode, cara, teknik, strategi dan pendekatan audit.
3. Melaksanakan komunikasi secara langsung dengan Direksi, Dewan Komisaris, dan/atau Komite Audit.
4. Melaksanakan koordinasi kegiatannya dengan kegiatan auditor eksternal institusi pengawasan lainnya.
5. Meminta atau mendapatkan bantuan dari pegawai internal maupun dari pihak luar perusahaan, dalam rangka pelaksanaan tugasnya untuk pencapaian tujuan perusahaan.
6. Mengadakan rapat secara berkala dan insidental dengan Komisaris dan/atau Komite Audit.
7. Melaksanakan pemeriksaan pada unit usaha perusahaan, dan pihak lainnya yang relevan melalui mekanisme yang disepakati sebelumnya.
8. *Head of Internal Audit* menetapkan nomenklatur organisasi dan pejabat/pekerja pada Fungsi Internal Audit anak perusahaan dan afiliasinya, serta melakukan koordinasi dan pengawasan kegiatannya

Dalam menjalankan tugasnya, Internal Audit memiliki Kode Etik yang harus dipatuhi yakni:

1. Integritas
   a. Melaksanakan setiap penugasan dengan berani dan sungguh-sungguh serta menjunjung tinggi nilai-nilai kejujuran dan kebenaran.
   b. Mematuhi peraturan perundang-undangan di dalam pelaksanaan kegiatan penugasan, termasuk dalam pengungkapan informasi audit.
   c. Menjauhkan diri dari segala bentuk kegiatan yang dapat mencederai reputasi profesi dan perusahaan.
   d. Melakukan interupsi terhadap kejadian yang berpotensi *fraud* di setiap lini kegiatan perusahaan.
   e. Mematuhi kode etik perusahaan dan berkontribusi pada pencapaian tujuan perusahaan.
2. Objektivitas
   a. Menghindarkan diri dari segala bentuk upaya pengambilan manfaat pribadi, konflik kepentingan, dan keberpihakan subjektif dalam pelaksanaan kegiatan penugasan.
   b. Menolak segala bentuk pemberian dari pihak mana pun yang dapat menimbulkan dan/atau memengaruhi penilaian profesional.
   c. Mengungkapkan seluruh fakta penting yang diketahui di dalam laporan hasil pelaksanaan kegiatan penugasan.

Internal Audit is granted the authority to:

1. Have unrestricted access to all data, documents, activity functions and other resources of the Company including requesting information or explanations from all officials/workers in the context of carrying out IA's duties.
2. Determine the scope, methods, means, techniques, strategies, and approaches of the audit.
3. Communicate directly with the Board of Directors, Board of Commissioners, and/or the Audit Committee.
4. Coordinate its activities with the activities of other external auditors from other oversight institution.
5. Request or obtain assistance from internal employees or from parties outside the Company, in the context of carrying out their duties for the achievement of the Company's goals.
6. Hold regular and incidental meetings with the Commissioners and/or the Audit Committee.
7. Carry out inspections on the Company's business units, and other relevant parties through a previously agreed mechanism.
8. The Head of Internal Audit determines the nomenclature of the organization and officers/workers in the Internal Audit Function of subsidiaries and affiliates, as well as coordinates and supervises its activities.

In performing its duties, Internal Audit has a code of ethics that must be adhered to and implemented, namely:

1. Integrity
   a. Carry out each assignment with courage and sincerity as well as uphold the values of honesty and truth.
   b. Comply with laws and regulations in the implementation of assignment activities, including disclosure of audit information.
   c. Abstain from all forms of activities that can injure the reputation of the profession and the Company.
   d. Interrupt any potential fraud events in every line of the Company's activities.
   e. Comply with the Company's code of conduct and contribute to the achievement of the Company's goals.
2. Objectivity
   a. Refrain from all forms of taking personal benefits, conflicts of interest, and subjective bias in the implementation of assignment activities.
   b. Refuse any form of gift from any party that could give rise to and/or influence professional judgment.
   c. Disclose all important facts that are known in the report on the results of the implementation of the assignment activities.

3. Kerahasiaan
   a. Mengelola informasi yang diperoleh selama pelaksanaan tugas dengan hati-hati dan menjaga kerahasiaannya.
   b. Menggunakan informasi yang diperoleh dalam pelaksanaan tugas hanya untuk kepentingan Perusahaan.
4. Kompetensi
   a. Memiliki pengetahuan, keterampilan, dan kompetensi yang memadai dalam setiap pelaksanaan kegiatan penugasan.
   b. Memastikan setiap pelaksanaan kegiatan penugasan sesuai dengan *International Standards for the Professional Practice of Internal Auditing (Standards)*.
   c. Meningkatkan keahlian, efektivitas, kualitas penugasan, dan kompetensi melalui Pendidikan profesional yang berkelanjutan.

3. Confidentiality
   a. Manage the information obtained during the performance of duties with care and keep it confidential.
   b. Use the information obtained in the performance of duties only for the benefit of the Company.
4. Competence
   a. Possess adequate knowledge, skills, and competencies in each assignment activity.
   b. Ensure that each implementation of assignment activities is in accordance with the International Standards for the Professional Practice of Internal Auditing (Standards).
   c. Improve skills, effectiveness, quality of assignment, and competence through professional education continuity.

Kualifikasi dan Kualitas Internal Audit

Fungsi Internal Audit dipimpin oleh seorang *Head of Internal Audit*. Dalam melaksanakan kegiatan audit, auditor internal didukung tenaga auditor profesional yang sebagian besar telah memiliki sertifikasi profesi, antara lain:

- 1 (satu) orang auditor bersertifikat CA, CPA, CRP
- 1 (satu) orang auditor bersertifikat QIA
- 2 (dua) orang tenaga auditor lainnya telah memiliki pengalaman operasional yang memadai sesuai kebutuhan dan perkembangan operasional Perusahaan dan sudah mengikuti pelatihan dan lulus QIA tingkat dasar.

Program pengembangan auditor internal dan sertifikasi profesi auditor dilakukan secara berkesinambungan dan disesuaikan dengan kebutuhan Perusahaan. Pengembangan SDM dalam fungsi IA dilakukan dengan mengupayakan setiap auditor memiliki sertifikasi profesi auditor bertaraf nasional seperti *Qualified Internal Auditor* (QIA) maupun internasional seperti *Certified Internal Auditor* (CIA), *Certified Fraud Examiner* (CFE), *Certified Information System Auditor* (CISA), *Certified Risk Management Profesional* (CRMP).

Selain memiliki sertifikasi profesi auditor, seluruh auditor Pertamedika IHC mengikuti *upskilling* sebagai implementasi *continuous learning* dengan mengikuti kursus, menghadiri seminar/*workshop* terkait dengan profesinya antara lain: *Committee of Sponsoring Organizations of the Treadway Commission* (COSO), *International Professional Practices Framework* (IPPF), Seminar Forum Komunikasi Satuan Pengawas Internal (FKSPI), seminar *Association of Certified Fraud Examiners* (ACFE) dan *Health, Safety & Environment* (HSE) *Mandatory Training*.

Internal Auditor Qualifications and Quality

The Internal Audit function is led by a Head of Internal Audit. In carrying out audit activities, internal auditors are supported by professional auditors, most of whom have professional certifications, including:

- 1 (one) CA, CPA, CRP certified auditor
- 1 (one) QIA certified auditor
- The other 2 (two) auditors have adequate operational experience according to the needs and developments of the Company's operations and have attended training and passed the basic level of QIA.

The internal auditor development program and auditor professional certification are carried out continuously and adapted to the needs of the Company. HR development in the IA function is carried out by seeking each auditor to have a national standard auditor professional certification such as Qualified Internal Auditor (QIA) and internationally such as Certified Internal Auditor (CIA), Certified Fraud Examiner (CFE), Certified Information System Auditor (CISA), Certified Risk Professional Management (CRMP).

In addition to having professional auditor certification, all Pertamedika IHC auditors participate in upskilling as an implementation of continuous learning by attending courses, attending seminars/workshops related to their professions, including: Committee of Sponsoring Organizations of the Treadway Commission (COSO), International Professional Practices Framework (IPPF), Seminar on Communication Forum of Internal Audit Unit (FKSPI), seminar on Association of Certified Fraud Examiners (ACFE) and Health, Safety & Environment (HSE) Mandatory Training.

Realisasi Kegiatan Audit,Konsultasi dan Pendampingan

Audit, Konsultasi dan Pendampingan

Tahun 2021 Audit Internal melaksanakan Audit Atas Pelaksanaan Pekerjaan Investasi Konstruksi, dan Audit Atas Tata Kelola Organisasi, melaksanakan Konsultasi Atas Final Hand Over Pembangungan Rumah Sakit dan Verifikasi Insentif Tenaga Kesehatan, dan melaksanakan Pendampingan Audit Eksternal (BPK dan KAP), Koordinasi Pendampingan Proyek Strategis dengan BPKP, serta Koordinasi Pencegahan Korupsi dengan KPK.

Atas pelaksanan Audit, sampai Desember 2021 tercatat 55 (lima puluh lima) item rekomendasi audit yang harus diimplementasikan oleh fungsi terkait untuk meningkatkan internal kontrol dalam proses bisnisnya.

Rekapitulasi dan tindak lanjut rekomendasi Internal Audit per 31 Desember 2021 sebagai berikut:

Jumlah rekomendasi	: 55 item
Jumlah rekomendasi belum jatuh tempo	: 23 item
Jumlah rekomendasi jatuh tempo	: 32 item
Jumlah rekomendasi selesai	: 32 item
Jumlah rekomendasi belum selesai	: 0 item

Berdasarkan data tersebut maka jumlah rekomendasi yang berstatus "Selesai" berjumlah 32 dari 32 rekomendari jatuh tempo (100%).

SISTEM PENGENDALIAN INTERNAL

Sistem Pengendalian Internal (SPI) merupakan bagian dari proses bisnis yang terintegrasi antara kegiatan dan peraturan sebagai langkah untuk mencapai tujuan Perusahaan. Melalui sistem pengendalian internal diharapkan kegiatan bisnis Perusahaan berjalan efektif dan efisien, tercipta stabilitas keuangan Perusahaan. Implementasi sistem pengendalian internal Pertamedika telah mencerminkan bahwa Perusahaan memiliki catatan keuangan dan operasional bisnis yang sesuai dengan anggaran dasar dan ketentuan yang berlaku.

Sebagaimana ditetapkan dalam Pasal 26 Peraturan Menteri Negara Badan Usaha Milik Negara Nomor PER-01/MBU/2011 sebagai pengganti Keputusan Menteri Badan Usaha Milik Negara Nomor KEP-117/M-MBU/2002 tentang Penerapan Tata Kelola Perseroan Yang Baik (*Good Corporate Governance*).

Sistem Pengendalian Internal mencakup:

1. Lingkungan pengendalian internal dalam Perseroan yang disiplin dan terstruktur;
2. Pengkajian dan pengelolaan risiko usaha;
3. Aktivitas pengendalian;
4. Sistem informasi dan komunikasi; dan

Realization of Audit, Consultation, and Assistance Activities

Audit, Consultation, and Assistance

In 2021, Internal Audit carried out an Audit on the Implementation of Construction Investment Work and an Audit on Organizational Governance, carried out a Consultation on the Final Hand Over of Hospital Construction and Verification of Health Workers Incentives, and carried out External Audit Assistance (BPK and KAP), as well as Coordination of Strategic Project Assistance with BPKP and Coordination of Corruption Prevention with the KPK.

Regarding the implementation of the Audit, as of December 2021 there were 55 (fifty five) items of audit recommendations that must be implemented by related functions to improve internal control in their business processes.

The recapitulation and follow-up of Internal Audit recommendations as of December 31, 2021 are as follows:

Total recommendations	: 55 items
Total recommendations not yet matured	: 23 items
Total maturity recommendations	: 32 items
Total completed recommendations	: 32 items
Total unfinished recommendations	: 0 items

Based on this data, the total recommendations with the "Completed" status are amounted to 32 of the 32 recommendations matured (100%).

INTERNAL CONTROL SYSTEM

The Internal Control System (SPI) is part of a business process that is integrated between activities and regulations as a step towards achieving the Company's goals. Through the internal control system, it is hoped that the Company's business activities will run effectively and efficiently, creating the Company's financial stability. The implementation of Pertamedika internal control system has reflected that the Company has financial records and business operations in accordance with the articles of association and applicable regulations.

It is stipulated in Article 26 of the Regulation of the Minister of State-Owned Enterprises Number PER-01/MBU/2011 in lieu of Decree of the Minister of State-Owned Enterprises Number KEP-117/M-MBU/2002 concerning the Implementation of Good Corporate Governance.

The Internal Control System includes:

1. A disciplined and structured internal control environment within the Company;
2. Business risk assessment and management;
3. Control activities;
4. Information and communication systems; and

5. *Monitoring*, yang dalam implementasi secara operasional dijabarkan lebih lanjut ke dalam berbagai kebijakan berupa pedoman, petunjuk operasional, maupun instruksi kerja.

Evaluasi Terhadap Efektivitas Sistem Pengendalian Internal

Pelaksanaan sistem pengendalian internal perlu dievaluasi, sehingga Perseroan membentuk Unit Internal Audit, yang bertanggung jawab langsung kepada Direktur Utama. Pembentukan unit Satuan Pengawasan Internal diatur dalam Pasal 28 ayat 1 dan 2 Peraturan Menteri Negara Badan Usaha Milik Negara Nomor PER-01/MBU/2011 tentang Penerapan Tata Kelola Perseroan yang baik pada Badan Usaha Milik Negara yang menyatakan:

1. Direksi wajib menyelenggarakan pengawasan internal.
2. Pengawasan internal sebagaimana dimaksud pada ayat (1) dilakukan dengan:
   a. Membentuk Satuan Pengawasan Intern; dan
   b. Membuat *Audit Charter*.

Evaluasi atas efektivitas Sistem Pengendalian Internal dilakukan secara berkesinambungan melalui kegiatan *assurance* berdasarkan *Annual Audit Plan* dan kegiatan konsultasi. Hasil evaluasi atas pelaksanaan sistem pengendalian internal menjadi tumpuan manajemen untuk menilai efektivitas sistem pengendalian internal, dan menentukan langkah perbaikan dan penyempurnaan sistem maupun kebijakan yang memungkinkan manajemen dapat secara lebih efektif menjalankan kegiatan operasional Perseroan.

Hubungan Internal Audit dengan Chief Audit Executive (CAE) dan Komite Audit

1. Komunikasi dengan Chief Audit Executive (CAE) PT Pertamina (Persero)
   Internal Audit Pertamedika IHC dapat berkomunikasi dan menyampaikan laporan secara periodik kepada CAE Pertamina berdasarkan:
   a. Piagam Kesepakatan tanggal 11 Oktober 2012
   b. Surat CAE Nomor 374/J00000/2017-S0 tanggal 25 Oktober 2017 perihal Penyampaian Laporan Kegiatan Bulanan Internal Audit Anak Perusahaan yang ditujukan kepada Direktur Utama Pertamedika IHC.
2. Komunikasi dengan Komite Audit
   Komunikasi antara *Head of Internal Audit* dengan Komite Audit dapat dilakukan secara formal dan informal. Komunikasi formal Head of Internal Audit dilaksanakan melalui pertemuan dan penyampaian laporan, yaitu antara lain:
   a. Menghadiri rapat Komite Audit
   b. Menyampaikan laporan secara *periodic*
   c. Menyampaikan hasil survey kepuasan *stakeholder*

5. Monitoring, which is operationally further elaborated into various policies in the form of guidelines, operational instructions, and work instructions.

Evaluation on Effectiveness of Internal Control System

The implementation of internal control system needs to be evaluated. Therefore, the Company established an Internal Audit Unit, which reports directly to the President Director. The formation of the Internal Audit Unit is regulated in Article 28 paragraph 1 and 2 of the Regulation of the Minister of State-Owned Enterprises Number PER-01/MBU/2011 concerning the Implementation of Good Corporate Governance in State-Owned Enterprises which states:

1. The Board of Directors is required to carry out internal supervision.
2. Internal supervision as referred to in paragraph (1) is carried out by:
   a. Establishing an Internal Audit Unit; and
   b. Formulating an Audit Charter.

Evaluation on the effectiveness of Internal Control System is carried out on an ongoing basis through assurance activities based on the Annual Audit Plan and consultation activities. The results of the evaluation serve as the basis for management to assess the effectiveness of internal control system and determine steps for improvement of systems and policies that enable the Management to carry out the Company's operational activities in a more effective manner.

Internal Audit Relations with the Chief Audit Executive (CAE) and the Audit Committee

1. Communication with the Chief Audit Executive (CAE) of PT Pertamina (Persero)
   The Internal Audit of Pertamedika IHC communicates as submits reports periodically to the Pertamina CAE based on:
   a. Agreement Charter dated October 11, 2012
   b. CAE Letter No. 374/J00000/2017-S0 dated October 25, 2017 concerning the Submission of Monthly Activity Report of Internal Audit of Subsidiaries for the President Director of Pertamedika IHC.
2. Communication with the Audit Committee
   Communication between the Head of Internal Audit with the Audit Committee can be carried out both formally and informally. The Head of Internal Audit formal communication is carried out through meetings and report submissions, such as:
   a. Attending Audit Committee meetings
   b. Submitting report periodically
   c. Submitting stakeholder satisfaction survey results

MANAJEMEN RISIKO

Sebagai anak perusahaan PT Pertamina (Persero), implementasi Manajemen Risiko PT Pertamina Bina Medika IHC berlandaskan pada Peraturan Menteri Negara BUMN No.PER-01/MBU/2011 tentang Penerapan Tata Kelola Perusahaan yang Baik pada Badan Usaha Milik Negara, khususnya pasal 25 mengenai pemenuhan kewajiban melaksanakan Manajemen Risiko.

Seluruh risiko diperhitungkan dalam setiap aktivitas Perusahaan untuk meminimalkan kerugian serta biaya terutama menghadapi kondisi bisnis dengan tingkat *volatility, uncertainty, complexity & ambiguity* (VUCA) saat ini yang menyebabkan meningkatnya eksposur risiko Perusahaan. Selain itu tata kelola Manajemen Risiko juga mengacu pada pencapaian Rencana Kerja Anggaran Perusahaan (RKAP) tahunan dan *roadmap* yang tersusun dalam Rencana Kerja Jangka Panjang (RJPP). Dengan dilakukannya Manajemen Risiko diharapkan Perusahaan dapat memaksimalkan business opportunities untuk menjamin keberlangsungan usaha (*going concern*), meningkatkan *shareholder value*, tata kelola perusahaan yang sehat, serta strategi Perusahaan yang terintegrasi dalam mengantisipasi perubahan yang cepat.

Sistem Manajemen Risiko

Perusahaan mengembangkan suatu kerangka pengelolaan risiko untuk diimplementasikan dalam *Enterprise Risk Managament* (ERM) berbasis kerangka ISO 31000:2018 (*International Standard of Risk Management*) yang mengintegrasikan tiga pondasi utama yaitu Prinsip, Kerangka Kerja, dan Proses Manajemen Risiko (*Risk Management Principles, Framework and Process*). Yang digambarkan sebagai berikut:

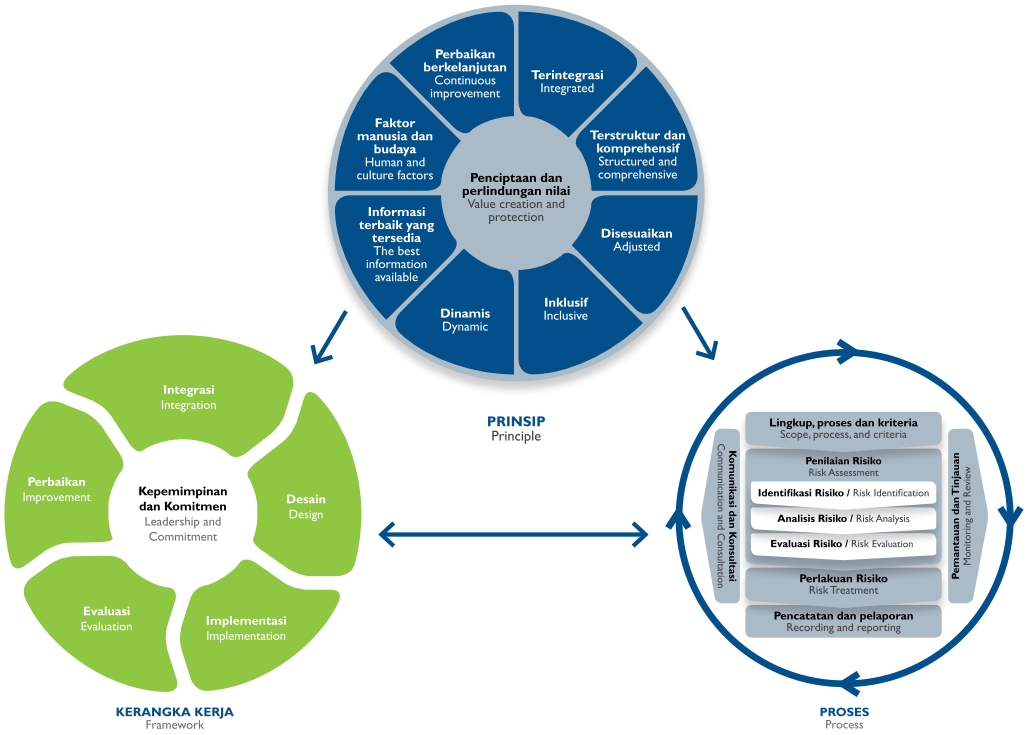
RISK MANAGEMENT

As a subsidiary of PT Pertamina (Persero), the implementation of PT Pertamina Bina Medika IHC's Risk Management is based on the Regulation of the Minister of State-Owned Enterprises No.PER-01/MBU/2011 concerning the Implementation of Good Corporate Governance in State-Owned Enterprises, in particular, article 25 regarding compliance on the obligation to carry out Risk Management.

All risks are taken into account in each of the Company's activities to minimize losses and costs, especially in facing business conditions with the current level of volatility, uncertainty, complexity & ambiguity (VUCA) which causes the Company's risk exposure to increase. In addition, Risk Management governance also refers to the achievement of the annual Corporate Budget Work Plan (RKAP) and the roadmap compiled in the Long-Term Work Plan (RJPP). With the implementation of Risk Management, it is expected that the Company can maximize business opportunities to ensure business continuity (going concern), increase shareholder value, sound corporate governance, as well as integrated corporate strategies in anticipating rapid changes.

Risk Management System

The Company developed a risk management framework to be implemented in Enterprise Risk Management (ERM) based on the ISO 31000:2018 (International Standard of Risk Management) framework that integrates three main foundations, namely the Principles, Framework, and Risk Management Process (Risk Management Principles, Framework and Process). Which is described as follows:



Pertamedika IHC, menggunakan 8 (delapan) Prinsip Manajemen Risiko sebagai dasar dan panduan dalam menjalankan Manajemen Risiko yang efektif dan efisien melalui pengembangan kerangka kerja dan proses manajemen risiko, meliputi:

1. *Integrated*;
   Manajemen Risiko terintegrasi dengan seluruh Aktivitas Perusahaan. Manajemen Risiko bukan merupakan Aktivitas yang berdiri sendiri, melainkan juga merupakan bagian dari tanggung jawab manajemen dan merupakan bagian tak terpisahkan dari proses bisnis Perusahaan termasuk perencanaan strategis, Investasi, serta proses manajemen perubahan dalam mencapai sasaran.
2. *Structured and Comprehensive*;
   Manajemen Risiko diterapkan secara terstruktur dan komprehensif. Pendekatan yang sistematik, terstruktur, dan komprehensif dalam Manajemen Risiko memberikan kontribusi terhadap efisiensi, konsistensi, dapat dibandingkan dan memberikan hasil serta perbaikan.
3. *Customized*;
   Manajemen Risiko harus disesuaikan dengan kebutuhan Perusahaan, harus diselaraskan dengan konteks internal dan eksternal Perusahaan dan Profil Risiko yang dihadapi Perusahaan.
4. *Inclusive*;
   Manajemen Risiko harus bersifat inklusif/ melibatkan seluruh pihak yang relevan.
5. *Dynamic*;
   Manajemen Risiko bersifat dinamis terhadap perubahan. Tugas Manajemen adalah untuk memastikan bahwa Manajemen Risiko senantiasa memperhatikan dan selalu tanggap terhadap perubahan. Ketika suatu peristiwa baru terjadi, baik internal maupun eksternal, konteks Manajemen Risiko serta pemahaman yang ada juga mengalami perubahan.
6. *Best Available Information*;
   Manajemen Risiko harus didasarkan pada informasi tersedia yang terbaik inputan yang digunakan dalam proses Manajemen Risiko didasarkan pada sumber informasi yang tersedia, seperti data historis, pengalaman, umpan balik pemangku kepentingan, observasi, perkiraan, dan pertimbangan pakar.
7. *Human and Cultural Factors*;
   Manajemen Risiko mempertimbangkan faktor manusia dan budaya. Penerapan Manajemen Risiko memperhitungkan kapabilitas, persepsi, dan tujuan masing-masing individu di dalam serta di luar Perusahaan, khususnya yang menunjang atau menghambat pencapaian sasaran Perusahaan.
8. *Continual Improvement*;
   Manajemen Risiko perlu dilakukan perbaikan secara berkelanjutan melalui pembelajaran dan pengalaman.

Pertamedika IHC uses 8 (eight) Risk Management Principles as the basis and guidance in carrying out an effective and efficient Risk Management through the development of a risk management framework and process, including:

1. Integrated;
   Risk Management is integrated with all of the Company's activities. Risk management is not an independent activity but is also part of the management's responsibility and is an integral part of the Company's business processes including strategic planning, investment, as well as the change management process in achieving goals.
2. Structured and Comprehensive;
   Risk Management is implemented in a structured and comprehensive manner. A systematic, structured, and comprehensive approach to Risk Management contributes to efficiency, consistency, is comparable and provides results and improvements.
3. Customized;
   Risk Management must be tailored to the needs of the Company, must be aligned with the Company's internal and external context and the Risk Profile faced by the Company.
4. Inclusive;
   Risk management must be inclusive/involve all relevant parties.
5. Dynamic;
   Risk Management is dynamic towards change. The management's job is to ensure that Risk Management always pays attention to and is always responsive to changes. When a new event occurs, both internal and external, the context of Risk Management and existing understanding also changes.
6. Best Available Information;
   Risk management must be based on the best available information. Inputs used in the Risk Management process are based on available sources of information, such as historical data, experience, stakeholder's feedback, observations, estimates, and expert judgment.
7. Human and Cultural Factors;
   Risk Management takes human and cultural factors into account. The implementation of Risk Management takes into account the capabilities, perceptions and goals of each individual inside and outside the Company, particularly those that support or hinder the achievement of the Company's goals.
8. Continual Improvement;
   Risk management needs to be improved continuously through learning and experience.

Penerapan Manajemen Risiko didukung penuh oleh Direksi dan seluruh *Risk Owner* secara berkelanjutan, sehingga Manajemen Risiko dapat berjalan dengan efektif. Untuk memastikan Manajemen Risiko berjalan dengan efektif, Direksi:

1. Menetapkan dan mendukung kebijakan Manajemen Risiko;
2. Menyelaraskan Manajemen Risiko dengan strategi dan tujuan Perusahaan;
3. Menentukan besar (jumlah dan jenis) Risiko yang bersedia diambil sebagai panduan dalam Kriteria Risiko.
4. Menentukan indikator kinerja Manajemen Risiko yang sejalan dengan indikator kinerja Perusahaan;
5. Memastikan kepatuhan (*compliance*) terhadap hukum dan regulasi;
6. Memastikan bahwa sumber daya yang diperlukan telah dialokasikan untuk Manajemen Risiko;
7. Mengkomunikasikan manfaat dari Manajemen Risiko kepada seluruh pemangku kepentingan;
8. Memberikan kewenangan, tanggung jawab dan akuntabilitas di seluruh level Perusahaan sesuai dengan perannya masing–masing; dan
9. Memastikan sistem informasi Manajemen Risiko telah berjalan efektif

Proses Manajemen Risiko

Proses Manajemen Risiko secara umum meliputi:

a. *Scope, Context & Criteria* (Ruang Lingkup, Konteks dan Kriteria)
   Penentuan Lingkup Pengelolaan Risiko adalah penentuan parameter internal dan eksternal yang harus diperhitungkan dalam mengelola Risiko, menentukan lingkup dan kriteria Risiko untuk kebijakan Manajemen Risiko. Penentuan Lingkup Pengelolaan Risiko perlu memperhatikan faktor internal dan eksternal.
b. *Risk Assessment* (Penilaian Risiko)
   Penilaian Risiko adalah keseluruhan proses yang meliputi identifikasi Risiko, analisis Risiko dan evaluasi Risiko.
   1) Identifikasi Risiko
      Identifikasi Risiko harus mencakup Penyebab Risikonya (*Risk Agent*) yang dapat dikontrol (*controllable*) maupun tidak (*uncontrollable*). Identifikasi Risiko juga harus memperhatikan perangkat dan teknik identifikasi yang sesuai dengan kapabilitas dan tujuan Perusahaan, jenis risiko yang dihadapi, serta harus didukung dengan informasi yang relevan dan memadai.
   2) Analisis Risiko
      Hasil Analisis Risiko berupa Skala Probabilitas dan Dampak yang mencerminkan Profil Risiko untuk mengkategorikan peringkat Risiko (*Risk Mapping*).

The implementation of Risk Management is fully supported by the Board of Directors and all Risk Owners on an ongoing basis in order to make Risk Management run effectively. To ensure that Risk Management runs effectively, the Board of Directors:

1. Formulates and supports Risk Management's policies;
2. Aligns Risk Management with the Company's strategies and objectives;
3. Determines the amount (number and type) of Risks that are willing to be taken as a guide in the preparation of Risk Criteria.
4. Determines Risk Management performance indicators that are in line with the Company's performance indicators;
5. Ensures compliance with laws and regulations;
6. Ensures that the necessary resources have been allocated for Risk Management;
7. Communicates the benefits of Risk Management to all stakeholders;
8. Provides authority, responsibility and accountability at all levels of the Company in accordance with their respective roles; and
9. Ensures that the Risk Management information system is running effectively.

Risk Management Process

In general, Risk Management Process covers:

a. Scope, Context, & Criteria
   Determination of Risk Management Scope is the determination of internal and external parameters that must be taken into account in managing Risk, determining the scope and criteria of Risks for Risk Management policies. Determination of the Scope of Risk Management needs to consider internal and external factors.
b. Risk Assessment
   Risk Assessment is the entire process which includes Risk identification, Risk analysis and Risk evaluation.
   1) Risk Identification
      Risk identification must include a controllable or uncontrollable Risk Agent. Risk identification must also pay attention to identification tools and techniques in accordance with the capabilities and objectives of the Company, the types of risks faced, and must be supported by relevant and adequate information.
   2) Risk Analysis
      The results of the Risk Analysis in the form of a Probability and Impact Scale that reflects the Risk Profile for categorizing Risk ratings (Risk Mapping).

3) Evaluasi Risiko
Hasil Evaluasi Risiko dapat mengarahkan kepada suatu keputusan untuk melakukan analisis lebih lanjut atau juga dapat mengarahkan kepada keputusan untuk melakukan Penanganan Risiko dengan mempertimbangkan *Internal Control* yang ada.

c. *Risk Treatment* (Penanganan Risiko)
1) Alternatif Penanganan Risiko antara lain:
a. Menghindari Risiko (*Avoid*) dengan memutuskan untuk tidak memulai atau melanjutkan Aktivitas yang dapat menimbulkan Risiko,
b. Pengurangan Risiko (*Reduce/Mitigate*), baik dengan cara mengurangi *Risk Likelihood* maupun *Risk Consequence*.
c. Pembagian Risiko (*Sharing*) dengan pihak lain, misalnya kerjasama dengan bentuk joint venture/partnership,
d. Risiko diterima (*Retain*) dengan melaksanakan aktivitas tertentu tanpa usaha untuk mengurangi, membagi, atau memindahkan Risiko dalam rangka memaksimalkan suatu peluang.
e. Kombinasi antara beberapa alternatif tersebut di atas.
2) Pemilihan Penanganan Risiko disesuaikan dengan strategi bisnis Perusahaan dengan mempertimbangkan Status Risiko, Biaya Penanganan Risiko (*Cost of Risk*) dan manfaat yang akan diperoleh Perusahaan.
3) Penerapan (*implementation*) penanganan Risiko (*Risk Treatment*) adalah proses pelaksanaan pilihan yang paling optimal bagi Perusahaan.

d. *Communication & Consultation* (Komunikasi dan Konsultasi)
Komunikasi dan konsultasi adalah proses berkesinambungan dan berulang antar pemangku kepentingan, baik pihak internal maupun eksternal, untuk saling memberikan, berbagi, dan memperoleh informasi serta melakukan dialog terkait dengan penanganan Risiko.

e. *Monitoring & Review* (Pemantauan dan Tinjauan)
Pemantauan dan Tinjauan harus direncanakan sebagai bagian dari Proses Manajemen Risiko yang meliputi pemeriksaan dan pengawasan secara berkala, baik sebagai Aktivitas rutin maupun non rutin.

f. *Recording & Reporting* (Pencatatan dan Pelaporan)
Implementasi dan hasil dari Proses Manajemen Risiko harus didokumentasikan dan dilaporkan melalui mekanisme yang sesuai dengan karakteristik Perusahaan sehingga informasi yang disampaikan tepat sasaran.

3) Risk Evaluation
The results of Risk Evaluation can lead to a decision to carry out further analysis or can also lead to a decision to performing Risk Management by considering the existing Internal Control.

c. Risk Treatment
1) Alternatives for Risk Treatment includes:
a. Avoiding Risk by deciding not to start or continue an Activity that could give rise to a Risk,
b. Reducing/Mitigating Risk, either by reducing Risk Likelihood or Risk Consequence.
c. Sharing Risk with other parties, for example cooperation in the form of joint ventures/ partnerships,
d. Retaining Risk by carrying out certain activities without any effort to reduce, share, or move Risk in order to maximize an opportunity.
e. A combination of the several alternatives mentioned above.
2) Selection of Risk Treatment is adjusted to the Company's business strategies by taking into account the Risk Status, Cost of Risk, and benefits that the Company will receive.
3) Implementation of Risk Treatment is the process of selecting the most optimal method for the Company.

d. Communication & Consultation
Communication and consultation are a continuous and repetitive process between stakeholders, both internal and external, to provide, share, and obtain information as well as carry out dialogues related to risk management.

e. Monitoring & Review
Monitoring and review must be planned as part of the Risk Management Process which includes regular inspection and supervision, both as a routine and non-routine activity.

f. Recording & Reporting
The implementation and results of the Risk Management Process must be documented and reported through a mechanism in accordance with the characteristics of the Company so that the information conveyed is accurate.

Risiko yang Dihadapi dan Pengelolaannya

Perusahaan berupaya memutakhirkan risiko-risiko terkait dengan aktivitas atau kegiatan usaha (on going business) sesuai dengan kondisi usaha terkini baik internal maupun eksternal Perusahaan untuk mencapai prinsip kelangsungan usaha (going concern). Risiko dipetakan dan diklasifikasikan sesuai *Risk Intelligance Map* (RIM). Dari hasil identifikasi, pada tahun 2021 diperoleh 10 profil risiko utama (*Top Risk*) yang perlu menjadi perhatian Direksi, terdiri atas 7 (tujuh) risiko bersifat kuantitatif dan 3 (tiga) risiko merupakan risiko kualitatif, antara lain :

1. **Risiko Operasional**

   Risiko Operasional merupakan risiko yang berhubungan dengan kegiatan operasional seperti proses, perangkat (*tools*), dan tehnik untuk mencapai tujuan Perusahaan antara lain *Operational Excellence*, *Supply Chain Process*, *Information Technology*, *Human Resource*, dan HSSE. Pada tahun 2021 terdapat 7 (tujuh) risiko operasional terdiri atas 3 (tiga) risiko *Operational Excellence - Performance*, 2 (dua) risiko HSSE – *Safety*, dan 2 (dua) risiko *Supply Chain Process - Procurement*. Resiko yang dihadapi antara lain potensi tidak tercapainya target EBITDA, *revenue growth*, dan target realisasi investasi, risiko *fatality* dan keselamatan pekerja, serta potensi risiko operasi terkait penanganan pandemi Covid-19.

   Adapun upaya mitigasi risiko yang dilakukan antara lain menjalankan 9 program Transformasi BOD Pertamedika IHC seperti *Patient Experience*, *BPJS Strategy*, *Branding & Marketing*, *Non Covid Win-Back*, dan lain-lain; monitoring dan evaluasi realisasi investasi; pemenuhan kebutuhan untuk layanan Covid-19, serta melengkapi pengisian SDM Fungsi HSE dalam struktur organisasi Perusahaan dan sebagainya.

2. **Risiko Finansial**

   Merupakan potensi ancaman dan peluang terkait dengan struktur dan proses organisasi untuk memastikan keamanan sumber keuangan dan kepatuhan pada kebijakan dan standar manajemen keuangan, antara lain meliputi *Financial Operation, Accounting, Financial Strategy* dan *Taxation*. Terdapat 2 (dua) profil risiko yang teridentifikasi yaitu *Accounting - Financial Reporting* serta *Financial Operation - Planning & Budgeting*. Upaya dalam mengelola risiko tersebut antara lain melakukan pengendalian biaya melalui program efisiensi dan *cost effective*, serta melakukan *assessment* dan monitoring penerapan PSAK 7 series.

Business Risk Management

Risks Faced and Its Management

The Company seeks to update the risks related to business activities or on going business activities in accordance with the latest business conditions, both internal and external to the Company to achieve the principle of business continuity (going concern). Risks are mapped and classified according to the Risk Intelligence Map (RIM). From the results of identification in 2021, there were 10 main risk profiles (Top Risks) that require the attention of the Board of Directors, consisting of 7 (seven) quantitative risks and 3 (three) qualitative risks, including:

1. **Operational Risks**

   Operational risks are risks related to operational activities such as processes, tools, and techniques to achieve the Company's goals, including Operational Excellence, Supply Chain Process, Information Technology, Human Resources, and HSSE. In 2021 there are 7 (seven) operational risks consisting of 3 (three) Operational Excellence – Performance risks, 2 (two) HSSE – Safety risks, and 2 (two) Supply Chain Process – Procurement risks. The risks faced include the potential for not achieving the EBITDA target, revenue growth and investment realization targets, fatality and worker safety risks, as well as potential operational risks related to handling the Covid-19 pandemic.

   The risk mitigation efforts carried out include the 9 Pertamedika IHC BOD Transformation programs such as Patient Experience, BPJS Strategy, Branding & Marketing, Non-Covid Win-Back, and other programs; monitoring and evaluation of investment realization; fulfillment of the need for Covid-19 services, as well as completing the filling of the HSE Function HR in the Company's organizational structure, etc.

2. **Financial Risks**

   Financial risks re potential threats and opportunities related to organizational structures and processes to ensure security of financial resources and compliance with financial management policies and standards, including Financial Operations, Accounting, Financial Strategy and Taxation. There are 2 (two) risk profiles identified, namely Accounting – Financial Reporting and Financial Operation – Planning & Budgeting. Efforts to manage these risks include controlling costs through efficiency and cost-effective programs, as well as assessing and monitoring the implementation of PSAK 7 series.

3. Risiko Tata Kelola

Risiko tata kelola merupakan risiko yang disebabkan oleh kurang atau tidak patuhnya terhadap aturan tata kelola (*corporate governance*) dan etika bisnis (*business ethics*) Perusahaan antara lain Legal, *Governance*, *Compliance* dan *Fraud*. Risiko tata kelola yang dihadapi tahun 2021 yaitu potensi risiko tuntutan pasien terkait *patient safety* yang dimitigasi antara lain dengan melakukan *upskilling* tenaga kesehatan khususnya terkait patient *safety*.

3. Governance Risk

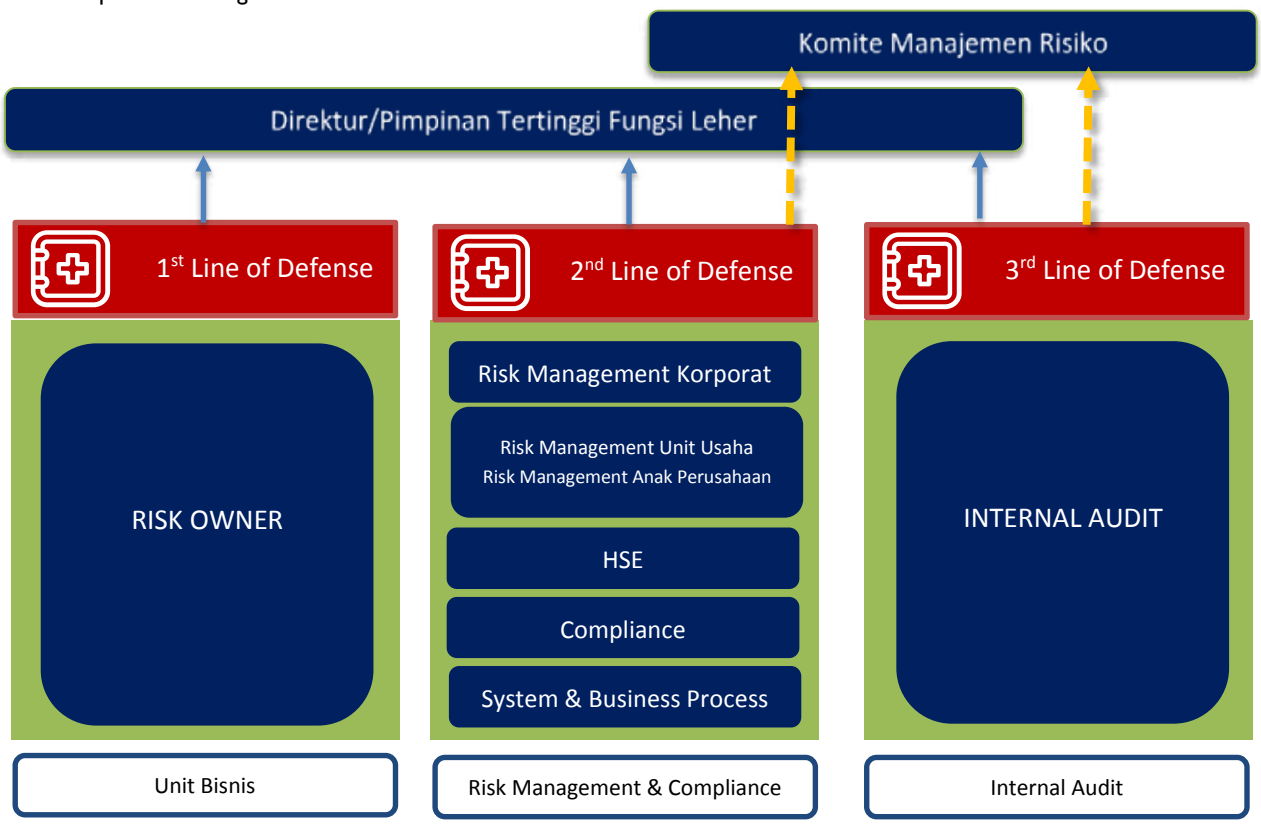
Governance risks are caused by lack of or non-compliance with the Company's corporate governance and business ethics, including Legal, Governance, Compliance and Fraud. The governance risk faced in 2021 is the potential risk of patient demands related to patient safety which is mitigated, among others, by upskilling of healthcare workers, especially regarding patient safety.

Efektivitas Sistem Manajemen Risiko

Dalam rangka pelaksanaan proses dan sistem Manajemen Risiko yang efektif, Perusahaan menggunakan pendekatan 3LOD (*Three Lines of Defence*), dengan menerapkan mekanisme pertahanan secara berlapis dalam mengelola risiko.

Effectiveness of the Risk Management System

To implement an effective Risk Management process and system, the Company uses the 3LOD (Three Lines of Defense) approach, by implementing multiple defense mechanisms in managing risk.



1st Line of Defense	*2nd Line of Defense*	*3rd Line of Defens*
Memastikan adanya pengendalian internal yang kuat (*strong Internal Control*) terhadap potensi risiko di masing-masing Fungsi. / Ensuring strong Internal Control is in place to face against potential risks in each function.	Bertanggung jawab dalam mengembangkan dan memantau penerapan Manajemen Risiko perusahaan. / Being responsible for developing and monitoring implementation of the Company's Risk Management.	Bertanggung jawab melakukan evaluasi terhadap efektivitas penerapan Manajemen Risiko secara keseluruhan. / Being responsible of conducting evaluation on effectiveness of Risk Management as a whole.
Menerapkan kebijakan Manajemen Risiko yang telah ditetapkan. / Implementing established Risk Management.	Memastikan aktivitas Risk Owner dilaksanakan berlandaskan pada STK manajemen risiko yang telah ditetapkan oleh perusahaan. / Ensuring that Risk Owner's activities are based on STK of Risk Management established by the Company.	Memastikan bahwa pengelolan Risiko pada lapis pertama dan kedua berjalan efektif. / Ensuring that Risk Management in the first and second lines of defense are run effectively.
Mempertimbangkan risiko dalam pengambilan keputusan dan aktivitas yang dilakukan dalam mencapai sasaran Perusahaan. / Considering risks in decision making and activities carried out to achieve the Company's goals.	Memantau dan melaporkan risiko-risiko perusahaan secara menyeluruh pejabat tertinggi di perusahaan. / Monitoring and reporting risks of the Company in a comprehensive manner to the highest officials in the Company.	

PERKARA HUKUM DAN SANKSI ADMINISTRATIF

LEGAL CASES AND ADMINISTRATIVE SANCTIONS

Perkara Penting

Legal Cases

No	Pekerjaan / Project	User	Permasalahan / Legal Issues	Status Penyelesaian / Settlement Status	PIC
1	**TURUT TERGUGAT** Reg Perkara : No.636/Pdt.G/2018/PN.Jkt.Sel Tanggal 23 Agustus 2018 Atas perkara gugatan Perkara Gugatan Perbuatan Melawan Hukum atas hasil pengembangan Dana Tabungan / Saldo Likwidasi YTP- Pertamina **Antara:** **PENGGUGAT:** Pensiunan Pertamina pada Perkumpulan Advocat Pensiunan Pertamina yang diwakili : 1. Yunan Lubis, SH MH. 2. Riski Harma Nugraha, SH 3. Toras, SH **Lawan:** **TERGUGAT:** 1. PT Pertamina Dana Ventuura (PT PDV) - Tergugat I 2. PT PERTAMINA (Persero) (PERTAMINA) - Tergugat II **TURUT TERGUGAT** 3. PT Pertamina Bina Medika d/h PT Rumah Sakit Pusat Pertamina **CO-DEFENDANT** Case Registration: No.636/Pdt.G/2018/PN.Jkt.Sel Dated August 23, 2018 On the case of tort concerning the result of the development of Savings Fund/Liquidation Balance of YTP-Pertamina **Between:** **PLAINTIFF:** Pertamina Retirees in the Advocate Association of Pertamina Retirees represented by: 1. Yunan Lubis, SH MH. 2. Riski Harma Nugraha, SH 3. Toras, SH **Against:** **DEFENDANT**: 1. PT Pertamina Dana Ventura (PT PDV) - Defendant I 2. PT PERTAMINA (Persero) (PERTAMINA) - Defendant II **CO-DEFENDANT** 3. PT Pertamina Bina Medika, formerly PT Rumah Sakit Pusat Pertamina	Legal & Compliance PT Pertamina Bina Medika (PBM)	1. PT PDV/PT PSI Tidak membayarkan hasil pengembangan Tabungan kepada peserta tabungan sesuai ketentuan. 2. PT PDV/PT PSI tidak membayarkan saldo Likwidasi kepada peserta tabungan sesuai ketentuan hukum 3. PT PDV/PT PSI mengubah sahamnya kepada Pertamina 4. Pertamina menerima Hibah saham PT PDV/ PT PSI tanpa persetujuan peserta 1. PT PDV/PT PSI did not pay the results of Savings development to savings participants according to the provisions. 2. PT PDV/PT PSI did not pay liquidation balance to savings participants according to legal provisions 3. PT PDV/PT PSI changed its shares to Pertamina 4. Pertamina received a grant of shares of PT PDV/PT PSI without the consent of the participants	Tgl 23 April 2020 RELAS PEMBERITAHUAN PENYERAHAN MEMORI BANDING No: 636/Pdt.G/2018/ PN.JKT.SEL diterima PN jakarta Selatan tanggal 3 November 2020 Sd Juni 2021 Masih menunggu Pertamina & PDV untuk inzaghe Konsultan Hukum PERTAMEDIKA: Indah Maya Rosanty Konsultan Hukum Counterpart: 1. Yunan Lubis, SH MH. 2. Riski Harma Nugraha, SH 3. Toras, SH Dated April 23, 2020 REPORT OF NOTIFICATION OF SUBMISSION OF APPEAL BRIEF No: 636/Pdt.G/2018/PN.JKT.SEL which was received by the District Court of Jakarta Selatan on November 3, 2020 Until June 2021 Awaiting inzage of Pertamina & PDV Legal Consultant of PERTAMEDIKA: Indah Maya Rosanty Legal Consultant of Counterpart: 1. Yunan Lubis, SH MH. 2. Riski Harma Nugraha, SH 3. Toras, SH	PDV : Ali Syamsul Rochman PERTAMEDIKA : Shinta Dewi Monalisa PERTAMINA : 1. Melati 2. Fikri
2	**Sebagai Penggugat** Perkara No : 118/Pdt.G/2021/PNJKT.SEL Perkara Wanprestasi PT Alma Madani kepada PERTAMEDIKA IHC QQ RSPP **Antara** **PENGGUGAT:** PT Pertamina Bina Medika IHC QQ Rumah Sakit Pusat Pertamina Diwakili oleh : Kantor Hukum RISMA SITUMORANG & PARTNERS 1. Dra. Risma Situmorang, SH, MH 2. Christine N.A. Souisa, SH 3. Indah Maya Rosanty, SH, MH **Lawan** **TERGUGAT:** PT Alma Madani **As Plaintiff** Case No. : 118/Pdt.G/2021/PNJKT.SEL Case of Default by PT Alma Madani to PERTAMEDIKA IHC QQ RSPP **Between** **PLAINTIFF :** PT Pertamina Bina Medika IHC QQ Rumah Sakit Pusat Pertamina Represented by : Law Office RISMA SITUMORANG & PARTNERS 1. Dra. Risma Situmorang, SH, MH 2. Christine N.A. Souisa, SH 3. Indah Maya Rosanty, SH, MH **Against** **DEFENDANT :** PT Alma Madani	Legal & Compliance PT Pertamina Bina Medika (PBM) Legal RSPP	PT Alma Madani tidak melaksanakan kewajibannya (wanprestasi) berupa tidak melaksanakan kewajiban yang telah ditentukan dalam surat sesuai Perjanjian Kerjasama Nomor : 02957/ B00000/2014-S0 tanggal 3 Nopember 2014 dan Addendum No.0014/ B0000/2017-S0 tanggal 4 Januari 2017 PT Alma Madani defaulted on its obligation by failing to carry out its obligations as stated in Letter of Cooperation Agreement No. 02957/B00000/2014-S0 dated November 3, 2014 and Addendum No. 0014/ B0000/2017-S0 dated January 4, 2017	1. Sidang 15 tgl 1 September 2021: Tergutat telah mengunduh Duplik melalui Ecourt dan telah diverifikasi oleh Majelis Hakim; 2. Sidang 16 tgl 15 September 2021: Penggugat menyerahkan dokumen asli ke Persidangan REPLIK yang telah diunduh pada tanggal 25 Agustus 2021 dan menyiapkan bukti bukti sesuai dokumen asli; 3. Sidang 17 tgl 22 September 2021: Penggugat menyerahkan Akta Bukti di Persidangan PN Jakarta Selatan 1. 15th Hearing on September 1, 2021: The Defendant has downloaded the Rejoinder through Ecourt and verified by the Panel of Judges; 2. 16th Hearing on September 15, 2021: The Plaintiff submitted the original Reply documents to the Hearing which has been downloaded on August 25, 2021 and prepared evidences according to the original documents; 3. 17th Hearing on September 22, 2021: The Plaintiff submitted the Deed of Evidence to the Hearing at the District Court of Jakarta Selatan	PERTAMEDIKA: - Shinta Dewi - Monalisa RSPP: Lestari Astuti Konsultan Hukum Pertamedika / Legal Consultant of Pertamedika: Risma Situmorang & Partners

No	Pekerjaan / Project	User	Permasalahan / Legal Issues	Status Penyelesaian / Settlement Status	PIC
3	**Sebagai Tergugat** Perkara NO : 754/PDT.G/2021 Perkara Perbuatan melawan Hukum **Antara** **PENGGUGAT** PT Alma Madani **Lawan TERGUGAT** PT PERTAMINA BINA MEDIKA Diwakili oleh: Kantor Hukum RISMA SITUMORANG & PARTNERS 1. Dra. Risma Situmorang, SH, MH 2. Christine N.A. Souisa, SH Indah Maya Rosanty, SH, MH **As Defendant** Case No. : 754/PDT.G/2021 Case of Tort **Between** PLAINTIFF PT Alma Madani **Against** **DEFENDANT** PT PERTAMINA BINA MEDIKA Represented by: Law Office RISMA SITUMORANG & PARTNERS 1. Dra. Risma Situmorang, SH, MH 2. Christine N.A. Souisa, SH 3. Indah Maya Rosanty, SH, MH	Legal & Compliance PT Pertamina Bina Medika IHC Legal RSPP	PT Pertamina Bina Medika digugat dengan gugatan perbuatan melawan hukum atas pemutusan air, listrik dan pengumuman yang dipasang oleh PT Pertamina Bina Medika di depan lift Graha RSPP lantai dasar atas pemutusan listrik, air dll terhadap PT Alma Madani PT Pertamina Bina Media was sued with a tort lawsuit for the cut-off of water, electricity, and announcement placed by PT Pertamina Bina Media in front of the elevator on the ground floor of Graha RSPP concerning the cut-off of electricity, water, etc. to PT Alma Madani	Sidang I tgl 29 September 2021: Dihadiri oleh Kuasa Hukum Penggugat dan Kuasa Hukum Tergugat . Kuasa Hukum Penggugat menunjukkan Surat Kuasa asli dan dokumen pendirian PT Alma Madani 1st Hearing on September 29, 2021: Attended by the Legal Representatives of the Plaintiff and the Legal Representatives of the Defendant. The Legal Representatives of the Plaintiff exhibited an original Power of Attorney and establishment documents of PT Alma Madani	*Person In Charge* : PERTAMEDIKA : - Shinta Dewi RSPP : Lestari Astuti Konsultan Hukum Pertamedika; / Legal Consultant of Pertamedika; Risma Situmorang & Partners

Sanksi Administratif

Sepanjang tahun 2021, tidak terdapat sanksi administratif yang diberikan kepada Perseroan.

Administrative Sanctions

Throughout 2021, there were no administrative sanctions imposed upon the Company.

KODE ETIK

Pertamedika senantiasa mengedepankan perilaku dan Etika Bisnis (*Code of Conduct*) sebagai komitmen yang terdiri dari etika usaha Perseroan dan standar perilaku setiap Insan Perseroan yang bersifat sukarela yang disusun untuk memengaruhi, membentuk, mengatur dan melakukan kesesuaian tingkah laku sehingga tercapai keluaran yang konsisten yang sesuai dengan budaya kerja perusahaan dalam mencapai visi dan misinya.

CODE OF CONDUCT

Pertamedika always prioritizes Code of Conduct as a commitment that consists of the Company's business ethics and the standards of behavior of every member of the Company which are voluntary in nature which are compiled to influence, shape, regulate and conform behavior to achieve consistent output in accordance with corporate work culture for achieving its vision and mission.

Pedoman

Penerapan kode etik yang dijalankan seluruh insan Pertamedika berpedoman pada buku pedoman perilaku dan etika bisnis yang ditetapkan melalui Surat Keputusan Direksi No: Kpts-1793/A00000/2021-S0 tanggal 1 Desember 2021. Pedoman menjadi bagian dari seluruh Insan Perseroan dalam menjalankan aktivitasnya di Perseroan. Pedoman Perilaku ini adalah komitmen Perseroan untuk patuh pada ketentuan hukum dan standar etika tertinggi di mana saja Perseroan melaksanakan aktivitas bisnisnya.

Selain itu, dengan memiliki *Code of Conduct*, Perseroan telah mewujudkan salah satu komitmennya dalam menerapkan GCG secara konsisten.

Guidelines

Implementation of the code of conduct is carried out by all Pertamedika personnel and guided by a guideline stipulated in the Decree of the Board of Directors No: Kpts-1515/A00000/2018-S0 dated October 1, 2018. Guidelines are part of all personnel of the Company in carrying out their activities. This Code of Conduct is the Company's commitment to comply with legal provisions and the highest ethical standards wherever the Company carries out its business activities.

In addition, by having a Code of Conduct, the Company has realized one of its commitments in implementing GCG consistently.

Pokok-Pokok *Code of Conduct*

1. Visi, Misi, Tata Nilai, dan Perilaku Utama Perusahaan
2. Standar Etika Bisnis, mencakup hal-hal sebagai berikut:
   a. Standar etika bisnis dengan *Stakeholders*:
      - Hubungan dengan Pemerintah
      - Hubungan dengan Pemegang Saham
      - Hubungan dengan Unit Bisnis/Unit Usaha dan Anak Perusahaan
      - Hubungan dengan Masyarakat dan Tanggung Jawab Sosial dan Lingkungan
      - Hubungan dengan aktivitas politik dan organisasi politik
      - Hubungan dengan Media Massa
      - Hubungan dengan Serikat Pekerja
      - Hubungan dengan Mitra Kerja Sama Operasi
      - Hubungan dengan Pelanggan
      - Hubungan dengan Pesaing
      - Hubungan dengan Penyedia Barang dan Jasa
      - Hubungan dengan Mitra Kerja
      - Hubungan dengan Kreditur
      - Hubungan dengan Investor
   b. Standar etika bisnis terkait aspek khusus
      - Kebijakan Akuntansi dan Keuangan
      - Transaksi Afiliasi
      - Persaingan Usaha yang Sehat
3. Standar tata perilaku mencakup hal-hal berikut:
   a. Standar perilaku terkait hubungan kerja
      - Integritas dalam bekerja
      - Sikap kerja profesional
      - Kesempatan karir yang sama
      - Menghindari diskriminasi
      - Lingkungan kerja yang bebas diskriminasi, pelecehan, perbuatan asusila. Ancaman dan kekerasan
   b. Standar perilaku terkait aspek khusus
      - Integritas dan Komitmen
      - Kepatuhan terhadap hukum dan peraturan perundangan
      - Kerahasiaan data dan informasi
      - Penggunaan komunikasi elektrik
      - Benturan kepentingan dan penyalahgunaan jabatan
      - Gratifikasi
      - Aktivitas sosial
      - Penyuapan
      - Tindak pidana pencucian uang
      - Penggunaan sosial media
      - Keselamatan, Kesehatan kerja, dan lindungan lingkungan (K3LL)
      - Penyalahgunaan narkotika, obat terlarang, minuman keras, dan perjudian

Principles of the Code of Conduct:

1. Vision, Mission, and Values of the Company.
2. Standard business ethics, covering:
   a. Standard business ethincs with stakeholders:
      - Relations with the Government
      - Relations with shareholders
      - Relations business/work units and subsidiaries
      - Relations with the Public and Social and Environmental Responsibiliy
      - Relations with political activities and organizations
      - Relations with Mass Media
      - Relations with Labor Union
      - Relations with Business Partners in Operations
      - Relations with customers
      - Relations with competitors
      - Relations with providers of goods and services
      - Relations with partners
      - Relations with creditors
      - Relations with investors
   b. Standard business ethics related to special aspect
      - Accounting and financial policies
      - Affiliated Transactions
      - Healthy Business Competition
3. Standard behaviors, covering:
   a. Standard behaviors related to work relations:
      - Integrity in working
      - Professional work attitude
      - Equal career opportunity
      - Free of discrimination
      - Work environment free of discrimination, harassment, immoral acts, threats, and violence
   b. Standard behaviors related to special aspect:
      - Integrity and commitment
      - Compliance with laws and regulations
      - Data and information confidentiality
      - Electronic communication use
      - Conflict of interest and position abuse
      - Gratification
      - Social activities
      - Bribery
      - Money Laundering
      - Social media use
      - Occupational Health, Safety, and Environmental Protection (OHSE)
      - Abuse of narcotics, prohibited drugs, alcohol, and gambling

- Pencatatan data, pelaporan, dan dokumentasi
- Perlindungan dan penggunaan aset Perusahaan
- Hak atas kekayaan intelektual

4. Pelaksanaan pedoman perilaku dan etika bisnis

Penegakan *Code of Conduct*

Penerapan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) ini menjadi tanggung jawab seluruh Insan Perseroan. Dewan Komisaris dan Direksi bertanggung jawab atas penerapan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) ini di lingkungan Perseroan. Para *Vice President*, Direktur dan Manajemen Unit Usaha, *Manager* bertanggung jawab atas penerapan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct)* ini di lingkungan unit kerja masing-masing. Direksi membentuk dan mengembangkan pengelolaan *Whistleblowing System* yang salah satu tanggung jawabnya adalah menerima dan menangani laporan adanya pelanggaran atau dugaan pelanggaran ketentuan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*).

Penyebarluasan Kode Etik

Sosialisasi adalah suatu upaya untuk memperkenalkan, menyebarluaskan informasi mengenai Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) kepada seluruh Insan Perseroan maupun pihak eksternal Perseroan dengan tujuan agar setiap individu paham dan mengerti serta dapat mengimplementasikan pedoman ini. Sosialisasi ini merupakan tahapan penting dari penerapan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*). Perseroan berkomitmen untuk melaksanakan sosialisasi secara efektif dan menyeluruh dengan ketentuan hal-hal sebagai berikut:

a. Melakukan sosialisasi Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) kepada seluruh Insan Perseroan dan pihak eksternal Perseroan serta melakukan penyegaran secara berkala.
b. Setiap Pekerja dapat mengakses Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) melalui *website* Pertamedika IHC.
c. Setiap *stakeholders* dapat mengakses Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) melalui *website* Pertamedika IHC.
d. Setiap Pekerja harus menandatangani formulir pernyataan komitmen untuk mematuhi dan melaksanakan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*).
e. Mengembangkan sebuah program GCG online system, untuk memudahkan Pekerja mengisi pernyataan dalam formulir yang disediakan yang dapat diakses melalui http://app.pertamedika.co.id/cos.
f. Melakukan evaluasi atas pencapaian atau pemahaman kepada Insan Perseroan baik pada masa orientasi maupun masa bekerja.

- Data recording, reporting, and documentation
- Asset protection and utilization
- Rights to intellectual properties

4. Implementation of code of conduct.

Code of Conduct Enforcement

The implementation of Code of Conduct is the responsibility of all personnel of the Company. The Board of Commissioners and Board of Directors are responsible for implementation of this Code of Conduct within the Company. The Vice Presidents, Directors, and Managers of Business Units are responsible for implementing the Code of Conduct in their respective work units. The Board of Directors established and developed the Whistleblowing System management, which is is responsible for receiving and handling reports of violations or suspected violations of the provisions of the Code of Conduct.

Code of Conduct Dissemination

Dissemination is an effort to introduce information regarding the Code of Conduct to all personnel and external parties of the Company with the aim that each individual understands and is able to implement these guidelines. This dissemination is an important step in implementing Code of Conduct. The Company is committed to carry out the dissemination effectively and thoroughly with the following provisions:

a. Disseminating the Code of Conduct to all personnel and external parties of the Company as well as providing regular refresher training.
b. Every employee can access the Code of Conduct through the Pertamedika IHC website.
c. Every stakeholder can access the Code of Conduct through the Pertamedika IHC website.
d. Each employee must sign a commitment form to comply with and implement the Code of Conduct.
e. Developing an online GCG program to facilitate employees in filling out statements in the form provided which can be accessed through http://app.pertamedika.co.id/cos.
f. Evaluating the achievements or understanding of the Company's personnel both during the orientation period and during their employment.

g. Mengkaji secara berkala terhadap Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) dalam rangka mengembangkan Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) dan jika diperlukan dapat dijabarkan lebih lanjut dalam berbagai kebijakan dan peraturan Perseroan. Penyelenggaraan sosialisasi Pedoman Perilaku dan Etika Bisnis (*Code of Conduct*) dilakukan oleh *Corporate Secretary* dan berkoordinasi dengan fungsi *Human Capital*.

g. Periodically reviewing the Code of Conduct in order to develop it and if necessary it can be further elaborated in various policies and regulations of the Company. Dissemination of the Code of Conduct is carried out by the Corporate Secretary by coordinating with Human Capital function.

Jumlah Pelanggaran Beserta Sanksi yang Diberikan

Pada tahun 2021, tidak terdapat pelanggaran kode etik dan dengan demikian tidak ada sanksi yang diberikan oleh Perseroan.

Number of Violations to Code of Conduct and Sanctions Imposed Upon in Fiscal Year

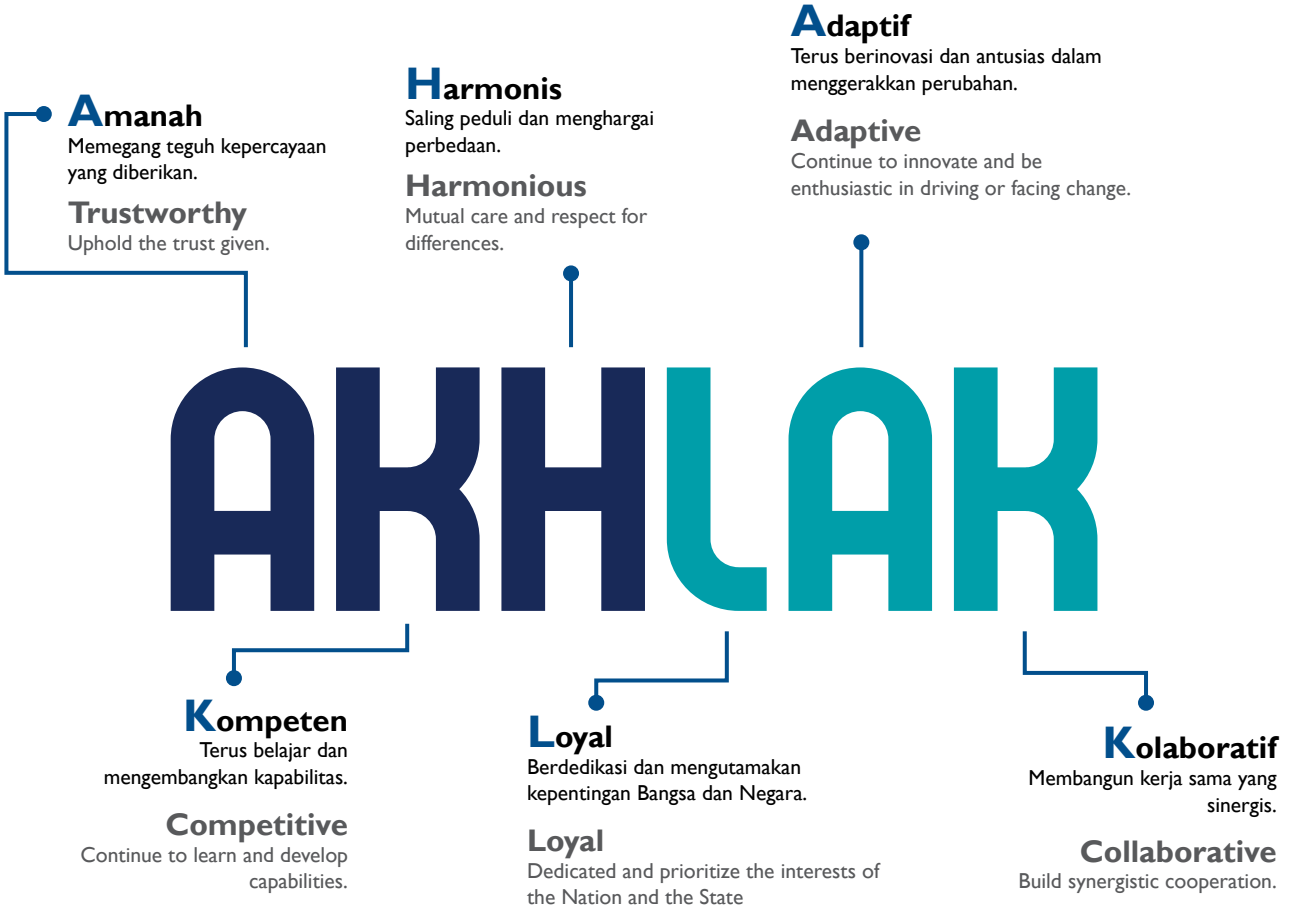
In 2021, there were no violations to code of conduct. Hence, there were no sanctions given by the Company.

BUDAYA PERUSAHAAN

Di tahun 2021, budaya perusahaan mengalami perubahan sesuai dengan Surat Edaran Kementerian BUMN No. SE-7/MBU/07/2020 tentang nilai-nilai utama (*core values*) Sumber Daya Manusia Badan Usaha Milik Negara serta Surat Keputusan Direktur Utama PT Pertamina (Persero) No. Kpts-33/C00000/2020-S0 tanggal 8 September 2020 tentang penerapan nilai-nilai utama (*core values*) Akhlak di Pertamina, Anak Perusahaan dan Afiliasinya, yang diperkuat dengan Surat Keputusan Direksi Kpts-1569/A00000/2020-S0 tanggal 21 September 2020.

CORPORATE CULTURE

In 2021, the corporate culture has been adjusted to the Circular Letter of the Ministry of SOEs No. SE-7/MBU/07/2020 concerning the core values of Human Resources of State-Owned Enterprises and the Decree of the President Director of PT Pertamina (Persero) No. Kpts-33/C00000/2020-S0 dated September 8, 2020 regarding the application of core values of morality in Pertamina, its Subsidiaries and Affiliates, which was strengthened by the Decree of the Board of Directors Kpts-1569/A00000/2020-S0 dated September 21, 2020.



SISTEM PELAPORAN PELANGGARAN

Sistem Pelaporan Pelanggaran atau *Whistleblowing System* (WBS) adalah sistem yang mengelola pengaduan mengenai perilaku melawan hukum, perbuatan tidak etis/tidak semestinya secara rahasia, anonim dan mandiri (independen) yang diciptakan untuk mengoptimalkan peran serta insan Pertamedika IHC dan Mitra Kerja dalam mengungkap pelanggaran yang terjadi di lingkungan Pertamedika IHC. Mekanisme penyaluran pengaduan/penyingkapan oleh pelapor pada dasarnya dilakukan melalui jalur formal yaitu melalui atasan langsung, Unit Usaha dan fungsi terkait (seperti SDM, SPI, atau Sekuriti). Akan tetapi, bila pelapor memandang sarana pengaduan/penyingkapan tersebut tidak efektif atau ada keraguan, maka pelapor dapat menyalurkan pengaduan/penyingkapan melalui WBS.

Lingkup pengaduan/penyingkapan yang akan ditindaklanjuti WBS meliputi korupsi, suap, benturan kepentingan, pencurian, kecurangan, melanggar hukum dan peraturan perusahaan.

Sistem Perlindungan Pelapor

1. Dalam melakukan proses tindak lanjut atas setiap pengaduan/penyingkapan wajib mengedepankan kerahasiaan, asas praduga tidak bersalah dan profesionalisme.
2. Identitas pelapor dijamin kerahasiaannya oleh Perseroan.
3. Perseroan menjamin perlindungan terhadap pelapor dari segala bentuk ancaman, intimidasi, hukuman atau Tindakan tidak menyenangkan dari pihak manapun selama pelapor menjaga kerahasiaan kasus yang diadukan kepada pihak manapun.
4. Perlindungan ini juga berlaku bagi pekerja yang melaksanakan investigasi maupun pihak-pihak yang memberikan informasi terkait dengan pengaduan/penyingkapan.
5. Dalam memberikan perlindungan, perusahaan dapat bekerja sama dengan Lembaga Perlindungan Saksi dan Korban (LPSKP).
6. Pihak yang melanggar prinsip kerahasiaan tersebut akan diberikan sanksi yang berat sesuai ketentuan yang berlaku di Perusahaan.

WHISTLEBLOWING SYSTEM

Whistleblowing System (WBS) is a system that manages complaints regarding unlawful behavior, unethical/improper actions in a confidential, anonymous, and independent manner which was created to optimize the participation of Pertamedika IHC and Work Partners in disclosing violations that occur within Pertamedika IHC. The mechanism for submitting complaints/disclosures by whistleblowers is basically performed through formal channels, namely through direct superiors, business units and related functions (such as HC, SPI, or Security). However, if the whistleblower considers that the means of complaint/disclosure is ineffective or there are doubts, then the whistleblower can submit the complaint/disclosure through the WBS.

The scope of complaints/disclosures that will be followed up by WBS includes corruption, bribery, conflicts of interest, theft, fraud, violations to laws and the Company's regulations.

Whistleblower Protection System

1. In carrying out the follow-up process for each complaint/disclosure, it is mandatory to prioritize confidentiality, the presumption of innocence and professionalism.
2. The confidentiality of the whistleblower is guaranteed by the Company.
3. The Company guarantees protection of the whistleblower from all forms of threats, intimidation, punishment or unpleasant actions from any party as long as the whistleblower maintains the confidentiality of the reported case to any party.
4. This protection also applies to employees who carry out investigations as well as parties who provide information related to complaints/disclosures.
5. In providing protection, the Company can cooperate with the Witness and Victim Protection Agency (LPSKP).
6. Parties who violate the principle of confidentiality will be subject to severe sanctions in accordance with the applicable provisions in the Company.

Pihak Pengelola WBS

1. CCO, jika terlapor adalah insan Pertamedika IHC selain CCO, Tim *Compliance*, Dewan Komisaris dan Direksi.
2. Dewan Komisaris, jika terlapor adalah Direksi.
3. Direktur Utama, jika terlapor adalah CCO dan pekerja fungsi Compliance.
4. Pemegang Saham: jika terlapor adalah Dewan Komisaris

Prosedur Pengelolaan WBS

1. Pelapor membuat pengaduan/penyingkapan dan mengirimkannya kepada konsultan WBS melalui sarana/media sebagai berikut:
   a. Telephone : +62 (21) 7219299 dan 9031
   b. Website : www.pertamedika-ihc.co.id
   c. Email : info@Pertamedika.co.id
   d. Fax : +62 (21) 7247006
2. Konsultan WBS menerima seluruh pengaduan/penyingkapan, mencatat dan menuangkan ke dalam format standar yang menghasilkan:
   a. Laporan penerimaan penerima kontak
   b. Laporan sesuai kategori lingkup pengaduan/penyingkapan.
   c. Laporan di luar kategori lingkup pengaduan/penyingkapan
   d. Laporan penyingkapan (*disclosure report*).
3. Konsultan WBS menyampaikan laporan penyingkapan (*disclosure report*) dalam format web ke dalam e-room, yang dapat diakses secara online oleh Fungsi *Compliance* dan Komisaris Utama dalam hal terlapor adalah Direktur Utama
4. Dalam hal terlapor adalah Pekerja, fungsi *compliance* melakukan Pulbaket dan membuat *resum*enya kemudian mempresentasikan kepada CCO. Berdasarkan hasil presentasi tersebut, CCO memutuskan tindak lanjut:
   a. Diteruskan kepada fungsi terkait, jika pengaduan bukan termasuk kecurangan (*fraud*).

WBS Management

1. CCO, if the reported party is Pertamedika IHC personnel other than the CCO, the Compliance Team, the Board of Commissioners and the Board of Directors.
2. Board of Commissioners, if the reported party is the Board of Directors.
3. President Director, if the reported party is CCO and Compliance function employee.
4. Shareholders, if the reported party is the Board of Commissioners.

WBS Management Procedure

1. The whistleblower submits a complaint/disclosure to the WBS consultant through the following means/media:
   a. Telephone : +62 (21) 7219299 and 9031
   b. Website : www.pertamedika.co.id
   c. Email : info@Pertamedika.co.id
   d. Fax : +62 (21) 7247006
2. WBS consultant receives all complaints/disclosures, records them and puts them into a standard format which results in:
   a. Contact recipient acceptance report
   b. Report according to the scope of complaint/disclosure category
   c. Report outside the scope of complaint/dislosure category
   d. Disclosure report.
3. WBS consultant submits a disclosure report in web format to an e-room, which can be accessed online by the Compliance Function and the President Commissioner, in the event that the reported party is the President Director.
4. In the event that the reported party is an employee, the compliance function carries out an intelligence gathering and makes a resume and then presents it to the CCO. Based on the results of the presentation, the CCO decides the follow up:
   a. Following up to related functions, if the complaint is not included as fraud.

b. Tindak lanjut atas laporan pengaduan WBS
   - Ditutup, jika pengaduan tidak memenuhi unsur 3W (*what*, *where* dan *when*);
   - Ditutup, jika kesimpulan penelaahan awal/ klarifikasi tidak mengandung unsur kebenaran
   - Disampaikan kepada direktorat teknis terkait dan direktorat SDM untuk pemberian sanksinya jika kesimpulan penelaahan awal/klarifikasi mengandung unsur kebenaran;

c. jika laporan pengaduan termasuk kecurangan:
   - disampaikan kepada fungsi Internal Audit;
     i. untuk proses pendalaman setelah dilakukan penelaahan awal oleh fungsi *compliance* dan mengandung unsur kebenaran
     ii. tanpa dilakukan penelaahan awal oleh fungsi *compliance* apabila fungsi internal audit sedang melakukan penelaahan awal
   - fungsi *compliance* dapat meminta bantuan namun tidak terbatas kepada fungsi *security*, *bunker* & *operation compliance* (BOC) dan *Internal Audit* dalam proses tindak lanjut laporan pengaduan
   - fungsi *compliance* dapat bekerja sama dengan eksternal investigator jika substansi pengaduan/ penyingkapan terkait dengan citra/reputasi Perusahaan dan/atau menimbulkan kerugian yang besar.

CCO me-*monitor* pelaksanaan tindak lanjut hasil investigasi WBS yang dilakukan oleh fungsi terkait.

Jumlah Pengaduan yang Masuk dan Diproses Pada Tahun Buku

Sepanjang Tahun 2021, tidak terdapat pengaduan yang masuk.

Sanksi/Tindak Lanjut atas Pengaduan

Sepanjang Tahun 2021, tidak terdapat sanksi yang perlu ditindaklanjuti.

b. Follow up of WBS complaint report
   - Closed, if the complaint does not fulfill the 3W elements (what, where, and when);
   - Closed, if the conclusion of the initial study/ clarification does not contain elements of truth
   - Submitted to the related technical directorate and the HC directorate for sanctions imposition if the conclusions of the initial review/clarification contain elements of truth;

c. If the complaint report is included as fraud:
   - Submitted to the Internal Audit function;
     i. for further investigation process after an initial review by the compliance function contains an element of truth
     ii. without conducting an initial review by the compliance function if the internal audit function is conducting an initial review
   - the compliance function can request for assistance but is not limited to the security, bunker & operation compliance (BOC) and Internal Audit functions in the follow-up process of complaint reports
   - the compliance function can collaborate with external investigators if the substance of the complaint/ disclosure is related to the image/reputation of the Company and/or causes significant losses.

The CCO monitors the implementation of follow-up on the results of WBS investigations carried out by related functions.

Number of Complaints Received and Processed in the Previous Fiscal Year

Throughout 2021, there were no were complaints received

Sanctions/Follow-up on Complaints

In 2021, there were no administrative sanctions that require follow-ups

07

TANGGUNG JAWAB SOSIAL PERUSAHAAN

Corporate Social Responsibility

TANGGUNG JAWAB SOSIAL PERUSAHAAN

Corporate Social Responsibility

Pelaksanaan program TJSL Pertamedika IHC dijalankan oleh tim pelaksana khusus yang dibentuk dan disahkan oleh Direktur Utama Pertamedika IHC melalui Surat Perintah yang diperbarui setiap tahunnya dan berada di bawah koordinasi Sekretaris Perusahaan.

The implementation of Pertamedika IHC's TJSL program is carried out by a dedicated team established and ratified by the President Director of Pertamedika IHC through an annually-updated Decree with its position under the coordination of the Corporate Secretary

KOMITMEN TANGGUNG JAWAB SOSIAL DAN LINGKUNGAN PERUSAHAAN

Komitmen Pertamedika IHC untuk berkontribusi aktif membangun nilai manfaat bagi seluruh pemangku kepentingan Perseroan diwujudkan melalui pelaksanaan kegiatan tanggung jawab sosial dan lingkungan perusahaan. Sebagai bagian dari entitas di bidang layanan jasa kesehatan, Pertamedika IHC memahami bahwa fungsi dari kedua hal tersebut sangat terkait dengan Perseroan sebagai rumah sakit serta tidak semata dipandang sebagai investasi berfokus pada profit, tetapi juga sebagai bukti orientasinya dalam menjalankan misi sosial dan lingkungan yang bermanfaat bagi masyarakat dan pemangku kepentingan Perseroan. Berdasarkan pada pemahaman tersebut serta komitmen kuat terhadap pemeliharaan hubungan yang sinergis dan harmonis dengan pemangku kepentingan, Pertamedika IHC melaksanakan program Tanggung Jawab Sosial dan Lingkungan (TJSL) Perusahaan dengan menyasar isu-isu keberlanjutan yang relevan dengan keberlangsungan usaha Perseroan.

COMMITMENT TO THE CORPORATE SOCIAL AND ENVIRONMENTAL RESPONSIBILITY

Pertamedika IHC's commitment to actively contribute in building value for all stakeholders of the Company is realized through the implementation of corporate social and environmental responsibility activities. As part of an entity in the field of health services, Pertamedika IHC understands that the functions of the two matters are closely related to the Company in hospital management. This commitment is not only seen as a profitable investment, but also as form of implementing social and environmental missions that are beneficial for public and stakeholders of the Company. On this awareness and strong commitment to maintaining a synergistic and harmonious relationship with stakeholders, Pertamedika IHC implements the Corporate Social and Environmental Responsibility (TJSL) program by targeting sustainability issues relevant to the Company's business continuity.

PEDOMAN DAN DASAR HUKUM PELAKSANAAN

Sebagai bentuk nyata atas Komitmen Pertamedika IHC terkait pelaksanaan TJSL yang berkelanjutan dan menyeluruh di berbagai wilayah di Indonesia, Perseroan telah menyusun Pedoman Pengelolaan Kegiatan Tanggung Jawab Sosial dan Lingkungan Perusahaan (TJSL) Nomor A-10/A00000/2013-S0 tanggal 16 Juli 2013 dan disahkan oleh Direktur Utama Pertamedika IHC melalui Surat Keputusan Direksi Nomor KPTS-0720/ A00000/2013-S0 tanggal 16 Juli 2013. Isi pedoman TJSL disesuaikan dengan orientasi Perseroan untuk menciptakan keharmonisan dan keselarasan hubungan antara Perseroan dan pemangku kepentingan secara komprehensif, baik dari proses perencanaan, pelaksanaan, evaluasi, hingga pelaporan dan publikasi kepada segenap *stakeholders*.

TATA KELOLA TANGGUNG JAWAB SOSIAL DAN LINGKUNGAN PERUSAHAAN

Struktur Pelaksana dan Pengelola

Pelaksanaan program TJSL Pertamedika IHC dijalankan oleh tim pelaksana khusus yang dibentuk dan disahkan oleh Direktur Utama Pertamedika IHC melalui Surat Perintah yang diperbarui setiap tahunnya dan berada di bawah koordinasi Sekretaris Perusahaan. Tim pelaksana tersebut bertanggung jawab atas perencanaan, pelaksanaan, evaluasi, dan pelaporan kegiatan-kegiatan sesuai dengan Kebijakan TJSL Perseroan. Dalam pelaksanaannya, tim pelaksana TJSL didukung oleh unit-unit usaha perusahaan yang tersebar di beberapa daerah di Indonesia. Tim pelaksana TJSL/PKBL telah dibentuk sebagaimana ditetapkan dalam Surat Perintah Direktur Utama Pertamedika IHC Nomor 0086/A00000/2019-S0 tanggal 4 Maret 2019. Adapun tugas dan tanggung jawab unit usaha pelaksana program TJSL antara lain sebagai berikut:

1. Membuat rencana anggaran biaya dari pelaksanaan masing-masing program dan bertanggung jawab atas penggunaan anggaran.
2. Memastikan program terlaksana dan manfaat program tepat guna.
3. Melakukan persiapan dan bertindak sebagai pelaksana kegiatan/program TJSL dan PKBL.
4. Melakukan koordinasi dengan masyarakat penerima bantuan, instansi terkait maupun pejabat daerah setempat di sekitar masyarakat penerima bantuan TJSL dan PKBL.
5. Melakukan koordinasi dengan media setempat berkaitan dengan publikasi kegiatan TJSL dan PKBL.
6. Membuat laporan pelaksanaan TJSL yang telah diselenggarakan.

GUIDELINES AND LEGAL BASIS FOR IMPLEMENTATION

As a concret form of Pertamedika IHC's commitment on the implementation of sustainable and comprehensive TJSL in various regions in Indonesia, the Company has compiled Guidelines for the Management of Corporate Social and Environmental Responsibility (TJSL) Activities No. A-10/A00000/2013-S0 dated July 16, 2013 with the approval of the President Director of Pertamedika IHC through the Decree of the Board of Directors No. KPTS-0720/A0000/2013-S0 dated July 16, 2013. The contents of the TJSL guidelines are adjusted to the orientation of the Company to create harmonious and harmonious relations between the Company and stakeholders in a comprehensive manner, both from the planning process, implementation, evaluation, to the reporting and publication for all stakeholders.

CORPORATE SOCIAL AND ENVIRONMENTAL RESPONSIBILITY GOVERNANCE

Implementation and Management Structure

The implementation of Pertamedika IHC's TJSL program is carried out by a dedicated team established and ratified by the President Director of Pertamedika IHC through an annually-updated Decree with its position under the coordination of the Corporate Secretary. The implementation team is responsible for planning, implementing, evaluating, and reporting activities in accordance with the Company's TJSL Policy. In its implementation, the TJSL implementation team is supported by the company's business units spread across several regions in Indonesia. The TJSL/PKBL implementation team has been established in accordance with the Decree of the President Director of Pertamedika IHC No. 0086/A00000/2019-S0 dated March 4, 2019. The duties and responsibilities of the business unit implementing the CSR program include the following:

1. Prepare a budget plan for the implementation of each program and be responsible for the use of the budget.
2. Ensure that the program is implemented and the program benefits are appropriate.
3. Prepare and act as implementers of TJSL and PKBL activities/programs.
4. Coordinate with the beneficiary community, relevant agencies and local officials around the community receiving TJSL and PKBL assistance.
5. Coordinate with local media related to the publication of TJSL and PKBL
6. Draw up reports on the implementation of TJSL that has been held.

Perumusan Pelaksanaan TJSL Berdasarkan Metode *Due Dilligence*

Pertamedika IHC melakukan perumusan pelaksanaan TJSL dengan mengidentifikasi dampak sosial, ekonomi, dan lingkungan yang dihasilkan dari aktivitas bisnis Perseroan. Proses identifikasi dampak tersebut dijadikan mekanisme *due diligence* yang memungkinkan Perseroan untuk membuat skala prioritas atas isu-isu keberlanjutan berdasarkan tingkat urgensi dan relevansinya terhadap kinerja keberlanjutan Perusahaan.

Hasil metode *due diligence* ini selanjutnya akan menjadi acuan bagi Perseroan dalam menyusun kebijakan dan program yang dirancang khusus untuk membidik dampak-dampak tersebut. Dalam menentukan topik-topik dan isu-isu keberlanjutan yang menjadi prioritas, Perseroan melakukan langkah-langkah penentuan sebagai berikut:

1. Melakukan identifikasi dan pemetaan aspek-aspek material penting sekaligus menetapkan batasannya (*boundary*) dengan menimbang karakteristik usaha serta aspek-aspek lain yang memiliki pengaruh terhadap aktivitas usaha Perseroan.
2. Membuat skala prioritas terhadap aspek-aspek material yang telah diidentifikasi pada langkah sebelumnya.
3. Membuat validasi terhadap topik-topik material tersebut dengan mendapatkan persetujuan organ Perseroan yang bertanggung jawab dalam mengelola kinerja keberlanjutan.

Pemetaan *Stakeholder* Terdampak

Pembangunan keberlanjutan Perseroan pada dasarnya memiliki tujuan yang tidak terlepas dari peran pemangku kepentingan dalam menentukan keberhasilan usaha Perseroan. Dalam hal ini, Perseroan berusaha membangun relasi yang harmonis dan seimbang dengan pemangku kepentingan melalui pelibatan yang disesuaikan dengan peran dan kontribusinya masing-masing.

Dalam menentukan pemangku kepentingan Perseroan serta topik utama yang muncul, Perseroan melakukan pemetaan dengan merujuk pada AA1000 *Stakeholder Engagement Standard* tahun 2015 dengan memperhatikan aspek-aspek sebagai berikut:

1. **Ketergantungan (*Dependency*) (D)**
   Kelompok atau individu pemangku kepentingan yang bergantung secara langsung maupun tidak langsung terhadap aktivitas, produk dan layanan Perseroan, atau pemangku kepentingan di mana Perseroan bergantung dalam menjalankan operasionalnya.
2. **Pertanggungjawaban (*Responsibility*) (R)**
   Kelompok atau individu di mana Perseroan memiliki tanggung jawab legal, bisnis, operasional, dan/atau moral.
3. **Perhatian (*Tension*) (T)**
   Kelompok atau individu yang membutuhkan perhatian khusus dari Perseroan terkait permasalahan ekonomi, sosial, atau lingkungan.

Formulation of TJSL Implementation Based on Due Diligence Method

Pertamedika IHC formulates the implementation of CSR by identifying social, economic and environmental impacts resulting from the Company's business activities. The impact identification process is used as a due diligence mechanism that allows the Company to prioritize sustainability issues based on their level of urgency and relevance to the Company's sustainability performance.

The results of this due diligence method will serve as a reference for the Company in formulating policies and programs specifically designed to target these impacts. In determining priority topics and sustainability issues, the Company takes the following determination steps:

1. Identify and map important material aspects as well as establish boundaries by considering business characteristics and other aspects that have an influence on the Company's business activities.
2. Prioritize the material aspects identified in the previous step.
3. Validate the material topics by obtaining the approval of the Company's organs that are responsible for managing sustainability performance.

Mapping of Affected Stakeholders

The Company's sustainable development basically has a goal that cannot be separated from the role of stakeholders in determining the success of the Company's business. In this case, the Company seeks to build harmonious and balanced relationships with stakeholders through engagement that is tailored to their respective roles and contributions.

In determining the Company's stakeholders and the main topics that arise, the Company conducts a mapping by referring to the 2015 AA1000 Stakeholder Engagement Standard by taking into account the following aspects:

1. **Dependency (D)**
   Stakeholder groups or individuals who depend directly or indirectly on the Company's activities, products and services, or stakeholders on which the Company depends in carrying out its operations.
2. **Responsibility (R)**
   Groups or individuals for which the Company has legal, business, operational and/or moral responsibilities.
3. **Tension (T)**
   Groups or individuals who require special attention from the Company regarding economic, social, or environmental issues.

4. **Kedekatan (*Proximity*) (P)**
   Kelompok atau individu yang memiliki kedekatan baik secara geografis maupun operasional dengan Perseroan.
5. **Pengaruh (*Influence*) (I)**
   Kelompok atau individu yang memiliki dampak terhadap strategi dan pengambilan keputusan Perseroan.
6. **Keberagaman Pandangan (*Diverse Perspective*) (DP)**
   Kelompok atau individu yang pandangannya terhadap isu dapat memberikan jawaban terhadap pemecahan masalah atau identifikasi peluang.

4. **Proximity (P)**
   Groups or individuals who have geographical and operational proximity to the Company.
5. **Influence (I)**
   Groups or individuals who have an impact on the Company's strategy and decision-making.
6. **Diverse Perspective (DP)**
   Groups or individuals whose views on issues can provide answers to problem solving or identification of opportunities.

Informasi mengenai hasil pemetaan pemangku kepentingan beserta basis penetapan, metode pelibatan, dan topik utama yang muncul disajikan dalam tabel sebagai berikut:

Information regarding the results of stakeholder mapping along with the basis for determination, methods of engagement, and the main topics that emerged are presented in the following table:

D = *Dependency*, R = *Responsibility*, T = *Tension*, I = *Influence*, P = *Proximity*, DP = *Diverse Perspective*

Daftar Pemangku Kepentingan / Stakeholder List	Basis Penetapan / Basis of Determination	Metode Pelibatan / Engagement Method	Frekuensi / Frequency	Topik Utama yang Muncul / Main Topics
Pasien / Patients	D, R, I	Penyedia Layanan dan Produk Kesehatan / Provision of Health Services and Products	Sesuai Kebutuhan / As Needed	Pelayanan Kesehatan yang Unggul, Prima, dan Berkualitas / Excellent, Prime, and Quality Health Services
		Penyuluhan Edukasi Kesehatan / Dissemination on Health		Pemenuhan Kontrak / Contract Fulfillment
Pemegang Saham / Shareholders	D, R, I, P	Pelaporan kinerja / Performance Reporting	Setiap Kuartal / Quarterly	Dividen / Dividend
		Rapat Umum Pemegang Saham Tahunan (RUPST) / Annual General Meeting of Shareholders (AGMS)	Setiap Tahun / Annually	Pengembangan Usaha / Business Development
		Rapat Umum Pemegang Saham Luar Biasa (RUPSLB) / Extraordinary General Meeting of Shareholders	Sesuai Kebutuhan / As Needed	Tata Kelola Perusahaan / Corporate Governance
Pemerintah / Government	D, R, T, I, DP, P	Pelaporan Kinerja / Performance Reporting	Sesuai Kebutuhan / As Needed	Kepatuhan Perseroan Terhadap Peraturan Perundang-undangan yang Berlaku / The Company's Compliance with the Applicable Laws and Regulations
				Kinerja Perusahaan / Compliance of the Company
				Pembayaran Pajak / Tax Payment
Pegawai / Employees	D, R, T, I, P	Media Internal / Internal Media	Sesuai Kebutuhan / As Needed	Sosial Kebijakan dan Strategi yang Berkaitan Dengan Kepegawaian / Social Policies and Strategies Related to Personnel
		Pelatihan dan Pendidikan / Education and Training	Sesuai Kebutuhan / As Needed	Pengembangan Kompetensi yang Sesuai Dengan Perkembangan Industri Kesehatan / Competence Development in accordance with the Conditions of the Health Industry
		Serikat Pekerja / Labor Union	Sesuai Kebutuhan / As Needed	Kesetaraan Kesempatan Kerja dan Jenjang Karier / Equal Employment and Career Opportunity
				Pengembangan Kompetensi, Karier, Pelatihan dan Pengembangan / Competency and Career Development and Training
				Jaminan Kesehatan dan Keselamatan Kerja / Guarantee on Occupational Health and Safety
				Perlindungan dan Kondisi Kerja / Protection on Work Conditions
				Ketenagakerjaan / Labor
				Kesejahteraan / Welfare
Mitra Kerja/Pemasok / Partners/Suppliers	D, R, T, P	Koordinasi Operasional / Operational Coordination	Sesuai Kebutuhan / As Needed	Hubungan Komersial / Commercial Relations
		Pengadaan Barang dan Jasa / Procurement of Goods and Services		Pemenuhan Kontrak yang Saling Menguntungkan, Adil, dan Sesuai Dengan Kesepakatan / Mutually Beneficial Contact and Fair Fulfillment in accordance with the Agreed Terms

D = *Dependency*, R = *Responsibility*, T = *Tension*, I = *Influence*, P = *Proximity*, DP = *Diverse Perspective*				
Daftar Pemangku Kepentingan / Stakeholder List	**Basis Penetapan /** Basis of Determination	**Metode Pelibatan /** Engagement Method	**Frekuensi /** Frequency	**Topik Utama yang Muncul /** Main Topics
Masyarakat / Public	D, R, T, I, DP, P	Program TJSL / TJSL Program	Sesuai Kebutuhan / As Needed	Edukasi Kesehatan yang Memadai, Optimalisasi Dampak Pelaksanaan Program TJSL, Penyediaan Bantuan Kesehatan *Emergency* / Sufficient Education on Health. Optimization on TJSL Programs, Provision of Health Support for Emergencies.
				Perlindungan dan pengelolaan lingkungan hidup sesuai regulasi yang berlaku dimana 7 Rumah Sakit memperoleh peringkat BIRU dalam audit PERCA (Pertamina *Environment Regulation Compliance Assurance*) yaitu: RSPP, RSPC, RSPCI, RSPPB, RSPPIj, RSPPbm, RSPTr / Environmental protection and management in accordance with applicable regulations where 7 hospitals obtained BLUE ratings in the PERCA (Pertamina Environment Regulation Compliance Assurance) audit, namely: RSPP, RSPC, RSPCI, RSPPB, RSPPIj, RSPPbm, RSPTr

Isu Sosial, Ekonomi, dan Lingkungan yang Relevan dengan Aktivitas Perseroan

Relevant Social, Economic, and Environmental Issues to the Company's Activities

Isu dan Topik Material / Material Topic/Issues	**Alasan /** Reason	**Pelibatan dan Tindak Lanjut Terhadap Dampak yang Diidentifikasi /** Engagement and Follow-Ups to the Identified Impacts
Kinerja Ekonomi / Economic Performance	Berdampak signifikan pada pemangku kepentingan / Has a significant impact to the stakeholders	Kinerja ekonomi yang dihasilkan menentukan keberlanjutan dan keberlangsungan usaha Perseroan, serta menentukan jumlah yang disisihkan untuk pembagian dividen kepada Pemegang Saham dan penyaluran dana pengembangan sosial dan lingkungan. / The resulting economic performance determines the sustainability and continuity of the Company's business, as well as the amount set aside for dividend payment to Shareholders and distribution of social and environmental development funds.
Anti Korupsi / Anti-Corruption	Berdampak signifikan pada pemangku kepentingan dan pembangunan / Has a significant impact to the stakeholders and development	Segala tindakan korupsi dapat merugikan Perseroan pada kualitas aspek kepatuhan, reputasi, maupun aset Perseroan. Perseroan menerapkan kebijakan anti korupsi yang disosialisasikan, diinternalisasikan, dan dievaluasi efektivitasnya secara berkala. Dalam hal ini, penguatan fungsi kepatuhan turut ditegakkan. / All acts of corruption can harm the Company in terms of the quality of compliance, reputation, and assets of the Company. The Company implements an anti-corruption policy which is regularly disseminated, internalized, and evaluated for its effectiveness. In this case, strengthening the compliance function is also enforced to be carried out.
Dampak Ekonomi Tidak Langsung / Indirect Economic Impact	Berdampak signifikan pada pemangku kepentingan / Has a significant impact to the stakeholders	Penyaluran dana bagi pengembangan infrastruktur layanan menjadi investasi sosial jangka panjang. Perseroan melibatkan masyarakat dalam pengambilan keputusan pada saat perencanaan dan evaluasi program TJSL/PKBL. / The distribution of funds for the development of service infrastructure is a long-term social investment. The Company involves the community in decision making during the planning and evaluation of the TJSL/PKBL program.
Ketenagakerjaan / Labor	Kepatuhan pada peraturan perundang-undangan dan berdampak signifikan pada pegawai / Compliance to the laws and regulation with significant impact to employees	Pemenuhan kecukupan sumber daya manusia berdampak pada tingkat efektivitas dan efisiensi proses bisnis yang dijalankan. Perseroan melaksanakan rekrutmen serta menjamin skema kompensasi yang adil, termasuk skema imbalan pasca kerja (program pensiun). / The fulfillment of the adequacy of human resources has an impact on the level of effectiveness and efficiency of the business processes being carried out. The Company carries out recruitment and guarantees a fair compensation scheme, including a post-employment benefit scheme (pension program).
Keselamatan dan Kesehatan Kerja (K3) / Occupational Health and Safety (OHS)	Berdampak signifikan pada pegawai / Has a significant impact to employees	Tingginya tingkat kepatuhan akan peraturan mengenai K3 serta penerapan kebijakan K3 berdampak pada tingkat kecelakaan kerja yang terjadi, baik di lingkungan proyek maupun kantor. Perseroan telah memiliki unit kerja yang secara khusus mengatur pemenuhan sekaligus mengevaluasi penerapan aspek-aspek K3. / The high level of compliance with regulations regarding OHS as well as the implementation of OHS policies has an impact on the level of work accidents that occur, both in the project and office environment. The Company has a work unit that specifically regulates compliance and evaluates the implementation of OHS aspects.
Pelatihan dan Pendidikan / Education and Training	Berdampak signifikan pada pegawai / Has a significant impact to employees	Pembekalan dan pengembangan kompetensi pegawai melalui pelatihan dan pendidikan berdampak pada kualitas kemampuan dan keahlian yang dimiliki pegawai. Perseroan memberikan pelatihan dan pendidikan yang disesuaikan dengan kebutuhan jabatan dan posisi yang diduduki. / Improvement and development of employee competencies through training and education have an impact on the quality of abilities and skills possessed by employees. The Company provides training and education tailored to the needs of the position and position occupied.
Masyarakat Lokal / Local Community	Berdampak signifikan pada pemangku kepentingan / Has a significant impact to the stakeholders	Pemenuhan tanggung jawab terhadap pengembangan sosial kemasyarakatan berdampak pada kualitas reputasi dan keberlanjutan perusahaan. Perseroan melaksanakan PKBL untuk berkontribusi terhadap kesejahteraan masyarakat di lingkungan sekitar perusahaan. / Fulfillment of responsibilities for social development has an impact on the reputation quality and sustainability of the company. The Company implements PKBL to contribute to the welfare of the community around the Company.

PENDEKATAN HOLISTIK TERINTEGRASI DALAM PELAKSANAAN TJSL

Pelaksanaan program TJSL Perseroan disandarkan pada konsep *triple bottom line (people, profit, planet)* yang diintegrasikan dengan 7 (tujuh) subjek inti dalam standar mutu ISO 26000. Hal ini dilakukan guna memastikan agar pelaksanaan program TJSL di lingkungan Perseroan lebih terarah dan tepat sasaran.

HOLISTIC INTEGRATED APPROACH IN THE TJSL IMPLEMENTATION

The implementation of the Company's TJSL program refers to the triple bottom line concept (people, profit, planet) integrated with 7 (seven) core subjects in the ISO 26000 quality standard. This is aimed to ensure that the Company's TJSL implementation are carried out in an appropriate manner.

HOLISTIC INTEGRATED APPROACH

Tata Kelola Organisasi / Organizational Governance	Penetapan, pengambilan dan penerapan keputusan strategis sehingga prinsip tanggung jawab sosial dapat diterapkan. / Determining, making and implementing strategic decisions in carrying out the principles of social responsibility.
Hak Asasi Manusia / Human Rights	Hak dasar yang dimiliki semua orang sebagai manusia, antara lain mencakup hak sipil, politik, ekonomi, sosial dan budaya. / The basic rights in possession of all human beings which include civil, political, economic, social and cultural rights.
Praktik Ketenagakerjaan / Labor Practices	Kebijakan dan praktik terkait pekerjaan dan ketenagakerjaan, termasuk aspek keselamatan dan kesehatan kerja (K3). / Policies and practices related to work and employment, including aspects of occupational health and safety (OHS).
Lingkungan / Environment	Tanggung jawab atas dampak lingkungan kepada masyarakat dari kegiatan yang dilakukan. / Responsibility for the environmental impact to the community from the activities carried out.
Operasi yang Adil / Fair Operating Practices	Penerapan perilaku etis dan adil saat berinteraksi dengan pemangku kepentingan / Implementation of ethical and fair behavior when interacting with stakeholders.
Isu Konsumen / Consumer Issues	Pemenuhan hak-hak konsumen terkait produk dan layanan yang diberikan, kejelasan informasi, dan perlakuan yang adil. / Fulfillment of consumer rights regarding the products and services provided, clarity of information, and fair treatment.
Pelibatan dan Pengembangan Masyarakat / Community Involvement and Development	Hubungan dan interaksi perusahaan dengan masyarakat di lingkungan operasinya / The company's relationship and interaction with the community in its operating environment.

MANFAAT TJSL

Berikut beberapa manfaat yang didapat oleh Perseroan atas pelaksanaan TJSL yang inklusif dan tepat sasaran:

1. Meningkatkan Citra Perusahaan. Dengan melakukan kegiatan TJSL konsumen dapat lebih mengenal Perseroan sebagai perusahaan yang selalu melakukan kegiatan yang baik bagi masyarakat.

TJSL BENEFITS

The following are some of the benefits obtained by the Company from the implementation of an inclusive and targeted TJSL:

1. Improving the Company's Image. By carrying out TJSL activities, consumers are able to get to know the Company better as a company that always carries out good activities for the community.

2. Memperkuat *brand* Perusahaan. Melalui kegiatan memberikan *product knowledge* kepada konsumen dengan cara membagikan produk secara gratis, dapat menimbulkan kesadaran konsumen akan keberadaan produk Perseroan sehingga dapat meningkatkan posisi *brand* perusahaan.
3. Mengembangkan Kerja Sama dengan Para Pemangku Kepentingan. Dalam melaksanakan kegiatan TJSL, perusahaan tentunya melibatkan segenap pemangku kepentingan, di antaranya pemerintah daerah, masyarakat, dan universitas lokal. Hal ini memungkinkan Perseroan untuk menjalin relasi yang harmonis dan sinergis dengan para pemangku kepentingan tersebut.
4. Membedakan Perusahaan dengan Pesaingnya. Pelaksanaan TJSL membuka kesempatan bagi Perseroan untuk menunjukkan keunggulan komparatifnya sehingga memperkuat daya saing dengan kompetitor yang menawarkan produk dan jasa sejenis.
5. Menghasilkan inovasi dan pembelajaran untuk meningkatkan pengaruh Perusahaan. Selain berperan sebagai investasi sosial, pelaksanaan program TJSL yang sesuai dengan kegiatan utama perusahaan turut mengasah kreativitas melalui perencanaan TJSL yang konsisten dan penyusunan program yang inovatif, yang pada gilirannya mampu meningkatkan peran dan posisi Perseroan di industri.
6. Membuka Akses untuk Investasi dan Pembiayaan bagi Perseroan. Pelaksanaan TJSL membuka kesempatan bagi Perseroan untuk meraih peluang investasi dan pembiayaan yang lebih besar. Hal ini dilatarbelakangi oleh peningkatan kesadaran investor mengenai pentingnya TJSL bagi keberlangsungan usaha Perseroan serta kebijakan lembaga penyedia dana, seperti perbankan, yang lebih memprioritaskan pemberian bantuan bagi perusahaan yang melakukan TJSL.

Anggaran Dana TJSL

Sebagaimana yang tercantum dalam pedoman dan ketentuan TJSL yang berlaku di Perseroan, anggaran kegiatan TJSL adalah sebesar-besarnya 1% dari keuntungan Perusahaan tahun sebelumnya. Adapun mekanisme persetujuan penggunaan anggaran kegiatan TJSL antara lain sebagai berikut:

1. Perencanaan, berdasarkan masukan dari narasumber di beberapa unit usaha dan ide dari *Forum Group Discussion* (FGD) Tim Pengelola TJSL.
2. Penyusunan anggaran dengan melakukan survei harga pasar produk terkait yang dibutuhkan.
3. Pembuatan proposal berdasarkan persetujuan hasil FGD Tim Pengelola TJSL.
4. Perolehan persetujuan Direksi Pertamedika IHC/Direktur Unit Usaha jika menggunakan anggaran internal.

2. Strengthening the Company's brand. Through activities that provide product knowledge to consumers by distributing free products, it can raise consumer awareness of the existence of the Company's products so as to improve the company's brand position.
3. Developing God Cooperation with Stakeholders. In carrying out TJSL activities, the company involves all stakeholders, including local governments, communities, and local universities. This enables the Company to establish harmonious and synergistic relationships with these stakeholders.
4. Differentiating the Company from its Competitors. The implementation of TJSL opens up opportunities for the Company to demonstrate its comparative advantage so as to strengthen its competitiveness with competitors who offer similar products and services.
5. Creating innovations and learnings to increase the influence of the Company. Aside from being a social investment, the implementation of the TJSL program in accordance with the company's main activities also fosters creativity through consistent TJSL planning and innovative programming, which in turn is able to increase the Company's role and position in the industry.
6. Opening Access for Investment and Financing for the Company. The implementation of TJSL opens up opportunities for the Company to seize greater investment and financing opportunities. This is motivated by the increased awareness of investors regarding the importance of TJSL for the sustainability of the Company's business as well as the policies of funding providers, such as banks, which prioritize providing assistance to companies that carry out TJSL.

TJSL Fund Budget

As stated in the TJSL guidelines and provisions that apply to the Company, the TJSL activity budget is a maximum of 1% of the Company's profits the previous year. The mechanism for approving the use of the TJSL activity budget is as follows:

1. Planning, based on input from resource persons in several business units and ideas from the Forum Group Discussion (FGD) of the TJSL Management Team.
2. Budgeting by conducting a market price survey of the related products needed.
3. Drawing up a proposal based on the approval of the results of the FGD of the TJSL Management Team.
4. Obtaining approval from the Board of Directors of Pertamedika IHC/Director of Business Units if internal budget is used.

5. Perolehan persetujuan Manager TJSL Pertamina jika menggunakan anggaran TJSL Pertamina dengan mengikuti aturan yang ditetapkan dalam Pedoman RKA TJSL Pertamina.
6. Sosialisasi anggaran dan program ke unit usaha Pertamina Pelaksana TJSL.

Pertamedika IHC menjalankan peran sebagai pelaksana kegiatan TJSL yang ditugaskan oleh induk perseroan PT Pertamina Persero. Setiap tahunnya, Pertamedika menjalankan kegiatan TJSL yang melibatkan pemberdayaan masyarakat di bidang kesehatan.

Adapun bantuan-bantuan yang dilakukan oleh Perusahaan sebagai *Holding* RS BUMN adalah sebagai berikut:

1. Bantuan sembako kepada nakes dan non nakes yang terkonfirmasi positif, di RS Pertamina wilayah Jakarta yaitu RS Pusat Pertamina, RS Pertamina Jaya & Klinik Pertamina, dengan rincian sebagai berikut:
   a. Tenaga Kesehatan yang terdiri dari dokter, perawat, bidan, penata radiologi, penata laboratorium, sebanyak122 orang
   b. Tenaga Non Kesehatan yang terdiri dari petugas administrasi, petugas kebersihan dll, sebanyak 218 orang.
2. Pengiriman 46 orang tenaga medis & non medis Pertamedika IHC ke wilayah Mamuju, Sulawesi Barat untuk membantu masyarakat terdampak bencana gempa Mamuju. Tenaga Medis & Non-medis berasal dari Korporat Pertamedika IHC, Anak Perusahaan Pertamedika IHC (PT NMU, PT NSM, PT RNM, PT PHC), RS Pusat Pertamina, RS Pertamina Cilacap, RS Pertamina Cirebon, RS Pertamina Balongan, dan RS Pertamina Sorong.
3. Pemeriksaan mata gratis & santunan kepada 100 anak yatim & kaum dhuafa yang dilaksanakan di RS Pertamina Jaya dalam rangka HUT Pertamina (Persero).

GARIS BESAR PELAKSANAAN PROGRAM TJSL BERDASARKAN SIFATNYA

Perseroan memiliki 2 (dua) sifat program TJSL yang pada tahun 2021 Perseroan telah melaksanakan berbagai program TJSL baik yang merupakan kewajiban (*mandatory*) maupun melebihi kewajiban (*voluntary*). Rincian kegiatan-kegiatan tersebut diungkapkan sebagai berikut:

5. Obtaining approval from Pertamina TJSL Manager if using Pertamina's TJSL budget by following the rules set out in the Pertamina TJSL RKA Guidelines.
6. Dissemination of budgets and programs to Pertamina's TJSL Implementing business units.

Pertamedika IHC implements its TJSL activities as assigned by the parent company PT Pertamina Persero. Every year, Pertamedika runs TJSL activities that involve community empowerment in the health sector.

The assistance provided by the Company as SOE Holding Hospital is as follows:

1. Basic food assistance to health workers and non-health workers who were confirmed positive at Pertamina Hospitals in the Jakarta area, namely Pertamina Central Hospital, Pertamina Jaya Hospital & Pertamina Clinic, with details as follows:
   a. Healthcare workers consisting of doctors, nurses, midwives, radiology officers, and laboratory office with a total of 122 people
   b. Non-Healthcare Personnel consisting of administrative officers, cleaners etc., as many as 218 people.
2. Sending of 46 medical & non-medical personnel from Pertamedika IHC to Mamuju, West Sulawesi to help communities affected by the Mamuju earthquake. Medical & Non-medical personnel are from Pertamedika IHC Corporate, Pertamedika IHC Subsidiaries (PT NMU, PT NSM, PT RNM, PT PHC), Pertamina Central Hospital, Pertamina Hospital Cilacap, Pertamina Hospital Cirebon, Pertamina Balongan Hospital, and Pertamina Sorong Hospital.
3. Free eye examination & compensation to 100 orphans & poor people held at Pertamina Jaya Hospital on Pertamina (Persero) Anniversary.

OUTLINE OF THE IMPLEMENTATION OF THE TJSL PROGRAM BY ITS NATURE

The Company categorizes the implementation of the TJSL programs into 2 categories, which both has been carried out in 2021. The programs include mandatory and voluntary program with the following details:

Kegiatan yang Merupakan Kewajiban (*Mandatory*) Mandatory Activities

Prinsip / Principle	**Dasar Regulasi** / Legal Basis	**Pelaksanaan** / Implementation
Tata Kelola Organisasi / Organizational Governance	• Undang-Undang Republik Indonesia Nomor 40 Tahun 2007 tentang Perseroan Terbatas / Law of the Republic of Indonesia No. 40 of 2007 concerning Limited Liability Companies • Peraturan Menteri BUMN Nomor: PER-01/MBU/2011 tanggal 1 Agustus 2011 tentang Penerapan Tata Kelola Perusahaan Yang Baik (*Good Corporate Governance*) pada BUMN sebagaimana diubah terakhir melalui Peraturan Menteri BUMN Nomor: PER-09/MBU/2012 tentang Perubahan atas Peraturan Menteri BUMN Nomor: PER-01/MBU/2011 tentang Penerapan Tata Kelola Perusahaan yang Baik (*Good Corporate Governance*) pada BUMN / Regulation of the Minister of SOEs No.: PER-01/MBU/2011 dated August 1, 2011 concerning the Implementation of Good Corporate Governance in SOE as last amended by Regulation of the Minister of SOEs Number: PER-09/MBU/2012 concerning Amendments to Regulation of the Minister of SOEs Number: PER-01/MBU/2011 concerning the Implementation of Good Corporate Governance in SOE	• Pelaksanaan *assessment* GCG / Implementation of GCG assessment • Evaluasi kinerja Komite, Sistem Pengendalian Internal, dan Evaluasi Manajemen Risiko / Performance evaluation on Internal Control System Committee, and Risk Management • Pemenuhan keterbukaan informasi bagi pemangku kepentigan melalui berbagai medium (tatap muka, website, dan lainnya) / Fulfillment of information disclosure to stakeholders through various media (face-to-face, website, etc.)
Pemenuhan Hak Asasi Manusia / Human Rights Fulfillment	• Undang-Undang No.21 tahun 2000 tentang Serikat Pekerja / Law No. 21 of 2000 concerning Labor Union • Undang-Undang No.13 tahun 2003 tentang Ketenagakerjaan / Law No. 13 of 2003 concerning Manpower • Undang-Undang No.35 tahun 2014 tentang Perubahan atas Undang-Undang No.23 tahun 2002 tentang Perlindungan Anak / Law No. 35 of 2014 concerning Amendments to Law No.23 of 2002 concerning Child Protection • Konvensi *International Labour Organization* (ILO) tentang Kebebasan Berserikat dan Perlindungan Hak Asasi Manusia / International Labor Organization (ILO) Conventions on Freedom of Association and Protection of Human Rights	• Pengelolaan SDM yang adil dan bebas diskriminasi / Fair and discrimination-free HR management • Penyelesaian perselisihan hubungan industrial. / Conflict resolutions on industrial relations • Penandatanganan PKB (Perjanjian Kerja Bersama pada tanggal 13 November 2021 / Signing of Joint Work Agreement (PKB) on November 13, 2021
Prosedur Operasi yang Adil / Fair Operating Procedures	Undang-Undang No. 5 tahun 1999 tentang Larangan Praktik Monopoli dan Persaingan Usaha Tidak Sehat. / Law No. 5 of 1999 concerning the Prohibition of Monopoly Practices and Unhealthy Competition	• Evaluasi efektivitas *whistleblowing system* / Evaluation on the whistleblowing system effectivity • Evaluasi kebijakan anti korupsi dan anti gratifikasi / Evaluation on anti-corruption and anti-gratification policy • Penindaklanjutan adanya pengaduan masuk dalam saluran *whistleblowing system*. / Follow-up on complaints in the whistleblowing system
Kepatuhan Terhadap Lingkungan Hidup / Environmental Compliance	• Undang-Undang No. 5 Tahun 1990 tentang Konservasi Sumber Daya Hayati dan Ekosistemnya / Law No. 5 of 1990 concerning Conservation of Biological Resources and Ecosystems • Undang-Undang No. 32 Tahun 2009 tentang Perlindungan dan Pengelolaan Lingkungan Hidup / Law No. 32 of 2009 concerning Environmental Protection and Management • Peraturan Pemerintah No. 27 Tahun 2012 tentang Izin Lingkungan. / Government Regulation No. 27 of 2012 concerning Environmental Permits.	• Pemantauan pengaduan masalah lingkungan oleh fungsi HSE / Monitorong on environmental complaint by the HSE function
Praktik Keselamatan dan Kesehatan Kerja (K3) / Occupational Health and Safety (OHS)	• Undang-Undang No. 1 Tahun 1970 tentang Keselamatan Kerja / Law No. 1 of 1970 concerning Occupational Safety • Undang-Undang No. 23 Tahun 1992 tentang Kesehatan / Law No. 23 of 1992 concerning Health • Keputusan Presiden No. 22 Tahun 1993 tentang Penyakit yang Timbul Akibat Hubungan Kerja / Presidential Decree No. 22 of 1993 concerning Diseases That Arise Due to Work Relationships • Undang-Undang No. 13 Tahun 2003 tentang Ketenagakerjaan; dan / Law No. 13 of 2003 concerning Manpower; and • Peraturan Pemerintah No. 50 Tahun 2012 tentang Penerapan Sistem Manajemen Keselamatan dan Kesehatan Kerja. / Government Regulation No. 50 of 2012 concerning the Implementation of Occupational Health and Safety Management Systems.	• Pelaksanaan *assessment* HSSE Terintegrasi oleh Pertamina / Integrated HSSE assessment by Pertamina • Pelaksanaan *Medical Check Up Fit to Work* / Implementation of Medical Check Up Fit to Work • Pembaruan beberapa Pedoman/TKO/TKI dalam pelaksanaan HSE. / Update on several Guidelines/TKO/TKI on HSE Implementation

Kegiatan yang Melebihi Kewajiban (*Voluntary*) Voluntary Activities

Prinsip / Principle	**Pelaksanaan** / Implementation
Pengembangan Sosial Kemasyarakatan / Social Community Development	Pelaksanaan 3 (tiga) program utama yakni (Program Sehati, Program Germas dan Program Edukasi Remaja) / implementation of 3 (three) main programs, namely (Sehati Program, Germas Program, and Teen Education Program)
Isi Produk dan Pelanggan / Product and Customer Issues	Pelaksanaan akreditasi KARS. / KARS accredation implementation

TANGGUNG JAWAB PERUSAHAAN TERKAIT HAK ASASI MANUSIA

Kebijakan TJSL terkait Hak Asasi Manusia (HAM)

Pemenuhan prinsip Hak Asasi Manusia pada hakikatnya merupakan salah satu bentuk komitmen Perseroan dalam menyediakan layanan kesehatan yang unggul, prima, dan berkualitas bagi pasien dan masyarakat. Dalam implementasinya, prinsip HAM diorientasikan pada penanaman nilai kesetaraan dan anti-diskriminasi dengan menjunjung tinggi persamaan hak tanpa membedakan suku, agama, ras *gender*, dan latar belakang budaya pada setiap kegiatan dan proses bisnis Perseroan.

Pemenuhan prinsip tersebut diwujudkan secara komprehensif kepada pemangku kepentingan baik dalam lingkup internal maupun eksternal. Dalam lingkup internal, prinsip HAM diimplementasikan pada penyediaan kesempatan yang adil bagi seluruh pegawai, sedangkan wujud penerapan prinsip HAM bagi pemangku kepentingan eksternal direalisasikan melalui penyediaan layanan kesehatan yang adil dan prima bagi seluruh pasien.

Target TJSL terkait Hak Asasi Manusia

Perseroan menargetkan pemenuhan tanggung jawabnya terkait aspek-aspek HAM sebagai upaya dalam menjamin terpenuhinya hak asasi seluruh insan Perseroan dan segenap *stakeholder* yang terlibat tanpa adanya diskriminasi agama, suku, ras, dan golongan.

Kegiatan Tanggung Jawab Perusahaan terkait Hak Asasi Manusia

Kebebasan Berserikat

Perseroan telah membentuk Serikat Pekerja PT Pertamina Bina Medika (SP Pertamedika) yang telah terdaftar di Departemen Tenaga Kerja Jakarta Selatan dengan No. 06/V/P/2001 tanggal 9 Maret 2001, dengan cabang-cabang sebagai berikut:

1. DPC Serikat Pekerja Rumah Sakit Pertamina Pusat (SP RSPP)
2. DPC Serikat Pekerja Rumah Sakit Pertamina Balikpapan (SP RSPB)
3. DPC Serikat Pekerja Rumah Sakit Pertamina Jaya (SP RSPJ)
4. DPC Serikat Pekerja Rumah Sakit Pertamina Cirebon (SP RSPC)
5. DPC Serikat Pekerja Rumah Sakit Pertamina Prabumulih (SP RSPPbm)
6. DPC Serikat Pekerja Rumah Sakit Pertamina Tanjung (SP RSPT)
7. DPC Serikat Pekerja Pertamedika Hospital Tarakan (SP PHT)
8. DPC Serikat Pekerja Rumah Sakit Pertamina Brandan (SP RSP Brandan)
9. DPC Serikat Pekerja Rumah Sakit Pertamina Plaju (SP RSP Plaju)
10. DPC Serikat Pekerja Rumah Sakit Pertamina Sorong (SP RSP Sorong)

CORPORATE RESPONSIBILITIES REGARDING HUMAN RIGHTS

TJSL Policy related to Human Rights (HAM)

Fulfillment of Human Rights principles is essentially a form of the Company's commitment to providing excellent, and quality health services for patients and the community. In its implementation, human rights principles are oriented towards inculcating the values of equality and anti-discrimination by upholding equal rights without distinction of ethnicity, religion, race, gender, and cultural background in every activity and business process of the Company.

The fulfillment of these principles is realized comprehensively to stakeholders both internally and externally. Internally, human rights principles are implemented in providing fair opportunities for all employees, while the implementation of human rights principles for external stakeholders is realized through the provision of fair and excellent health services for all patients.

TJSL Targets on Human Rights

The Company targets the fulfillment of its responsibilities related to human rights aspects as an effort to ensure the fulfillment of the human rights of all Company personnel and all stakeholders involved without discrimination of religion, ethnicity, race, and class.

Corporate Responsibility Activities on Human Rights

Freedom of Association

The Company has established the Labor Unions of PT Pertamina Bina Medika (SP Pertamedika) which has been registered with the South Jakarta Department of Manpower with No. 06/V/P/2001 dated March 9, 2001, with the following branches:

1. DPC Pertamina Central Hospital Labor Union (SP RSPP)
2. DPC Pertamina Balikpapan Hospital Labor Union (SP RSPB)
3. DPC Pertamina Jaya Hospital Labor Union (SP RSPJ)
4. DPC Pertamina Hospital Cirebon Labor Union (SP RSPC)
5. DPC Pertamina Prabumulih Hospital Labor Union (SP RSPPbm)
6. DPC Pertamina Tanjung Hospital Labor Union (SP RSPT)
7. DPC Labor Union of Pertamedika Hospital Tarakan (SP IPM)
8. DPC Pertamina Brandan Hospital Labor Union (SP RSP Brandan)
9. DPC Pertamina Plaju Hospital Labor Union (SP RSP Plaju)
10. DPC Pertamina Sorong Hospital Labor Union (SP RSP Sorong)

Serikat Pekerja Pertamedika dikelola oleh pekerja yang tidak menduduki jabatan tertentu yang berpotensi menimbulkan pertentangan kepentingan antara Pertamedika dengan SP Pertamedika. Adapun yang dimaksud dengan jabatan yang memiliki pertentangan adalah *Vice President, Corporate Secretary, Chief of Internal Audit*, Para Manajer, Direktur Unit/KSO/Ketua Yayasan, Para Wakil Direktur/KSO dan jabatan yang setara, Kepala Anggaran, Kepala Keuangan, Kepala Kontroler, Kepala *Treasury*, Kepala Piutang, Kepala Pajak, Kepala SDM atau yang setara, Kepala Legal atau yang setara. Hingga akhir tahun 2021, SP Pertamedika diketuai oleh Ahmad Hariri.

The Pertamedika Labor Union is managed by workers who do not occupy certain positions which have the potential to cause a conflict of interest between Pertamedika and SP Pertamedika. The conflicting positions include Vice President, Corporate Secretary, Chief of Internal Audit, Managers, Director of Unit/KSO/Chairman of the Foundation, Deputy Directors/KSO and equivalent positions, Head of Budget, Head of Finance, Head of Controller, Head of Treasury, Head of Accounts Receivable, Head of Tax, Head of HR or equivalent, Head of Legal or equivalent. As of the end of 2021, SP Pertamedika is chaired by Ahmad Hariri.

Pengelolaan SDM yang Adil dan Bebas Diskriminasi

Perseroan senantiasa mengelola SDM berdasarkan nilai-nilai keterbukaan, adil, dan bebas diskriminasi. Setiap pegawai dipastikan memiliki kesempatan jenjang karier yang adil, sesuai dengan performa kerja yang diberikan. Perseroan juga mendukung keadilan pemberian kesempatan pengembangan kompetensi tanpa membedakan unsur SARA dan sepenuhnya difokuskan pada kebutuhan kompetensi sesuai dengan bobot kerja dan tanggung jawab yang diemban masing-masing pekerja.

Salah satu bentuk diskriminasi yang seringkali ditemukan dalam sebuah perusahaan adalah eksploitasi kepada pekerja wanita. Oleh karenanya guna menghindari hal tersebut, Perseroan memberikan hak khusus kepada pegawai Wanita melalui beberapa program berikut:

- Cuti Hamil dan Cuti Bersalin
  Pekerja berstatus PWTT yang hendak melahirkan berhak mendapatkan cuti hamil dan cuti bersalin selama 1,5 (satu setengah) bulan sebelum melahirkan dan 1,5 (satu setengah) bulan sesudah melahirkan. Lamanya cuti hamil dan cuti bersalin dapat diperpanjang berdasarkan surat keterangan dokter kandungan baik sebelum maupun setelah melahirkan.
- PWTT yang mengalami keguguran kandungan berhak memperoleh istirahat sesuai dengan surat keterangan dokter maksimal 1,5 bulan.
- PWTT wanita diwajibkan untuk bersalin di rumah sakit/klinik bersalin milik Pertamedika IHC. Jika dalam kondisi darurat dan dapat diterima oleh dokter Pertamedika IHC, maka PWTT wanita dapat melahirkan di rumah sakit bersalin di luar fasilitas Pertamedika IHC dan Perseroan memberikan pengganti sesuai kuitansi/bukti pembayaran dengan maksimal penggantian sesuai kelas layanan di Pertamedika IHC.

Fair and Discrimination-Free HR Management

The Company always manages HR based on the values of openness, fairness, and free of discrimination. Every employee is ensured to have a fair career path opportunity, in accordance with the work performance given. The Company also supports fairness in providing competency development opportunities without distinguishing SARA elements and is fully focused on competency needs in accordance with the workload and responsibilities carried out by each employee.

One form of discrimination that is often found in a company is the exploitation of women workers. Therefore, to avoid this, the Company grants special rights to female employees through the following programs:

- Maternity Leave
  Permanent employees who are about to give birth are entitled to maternity leave for 1.5 (one and a half) months before giving birth and 1.5 (one and a half) months after giving birth. The length of maternity leave can be extended based on a certificate from an obstetrician both before and after giving birth.
- Permanent employees who experienced a miscarriage is entitled to a break in accordance with a doctor's certificate for a maximum of 1.5 months.
- Female permanent employees are required to give birth at the hospital/maternity clinic owned by Pertamedika IHC. If it is in an emergency condition and can be accepted by the Pertamedika IHC doctor, the female employee can give birth in a maternity hospital outside the Pertamedika IHC facility and the Company shall provide a reimbursement according to the receipt/proof of payment with a maximum replacement according to the class of service at Pertamedika IHC.

Perseroan juga memfasilitasi kebebasan bagi seluruh pegawai untuk menjalankan ibadah sesuai dengan kepercayaan yang dianutnya.

The Company also facilitates the freedom for all employees to practice worship according to their beliefs.

Mekanisme Penyelesaian Perselisihan Hubungan Industrial

Perselisihan Hubungan Industrial adalah perbedaan pendapat yang mengakibatkan pertentangan antara pengusaha atau gabungan pengusaha dengan pekerja atau serikat pekerja karena adanya perselisihan mengenai hak, perselisihan kepentingan, perselisihan pemutusan hubungan kerja, dan perselisihan antar serikat pekerja dalam perusahaan. Dalam rangka menyelesaikan perselisihan hubungan industrial antara Manajemen Perseroan dengan SP Pertamedika, maka diberlakukan Panduan Penyelesaian Perselisihan Hubungan Industrial di seluruh unit PT Pertamina Bina Medika dalam Surat Keputusan No. Kpts-0604/A00000/2018-S8. Salah satu metode yang digunakan untuk menyelesaikan perselisihan hubungan industrial adalah melalui perundingan Bipartit yang melibatkan Pekerja atau Serikat Pekerja dengan Pengusaha (Manajemen Perseroan).

Prosedur Pelaksanaan

1. Tahap Sebelum Perundingan, dilakukan persiapan:

   a. Pihak yang merasa dirugikan berinisiatif mengkomunikasikan masalahnya secara tertulis kepada pihak lainnya.
   b. Apabila pihak yang merasa dirugikan adalah pekerja perseorangan yang bukan merupakan anggota serikat pekerja, dapat memberikan kuasa kepada pengurus serikat pekerja di Perusahaan tersebut untuk mendampingi pekerja dalam perundingan.
   c. Pihak manajemen Perseroan yang diberi mandat harus menangani penyelesaian perselisihan secara langsung.
   d. Dalam perundingan bipartit, serikat pekerja atau pihak manajemen dapat meminta pendampingan kepada perangkat organisasinya masing-masing;
   e. Dalam hal pihak pekerja yang merasa dirugikan bukan anggota serikat pekerja dan jumlahnya lebih dari 10 (sepuluh) orang pekerja, maka harus menunjuk wakilnya secara tertulis yang disepakati paling banyak 5 (lima) orang dari pekerja yang merasa dirugikan;
   f. Dalam hal perselisihan antar serikat pekerja dalam satu Perusahaan, maka masing-masing serikat pekerja menunjuk wakilnya paling banyak 10 (sepuluh) orang.

Industrial Relations Dispute Resolution Mechanism

Industrial Relations Dispute occurs when there is a difference of opinions resulting in a conflict between an entrepreneur or a group of employers and workers or a labor union due to a dispute regarding rights, disputes over interests, disputes over termination of employment, and disputes between labor unions within the company. In order to resolve industrial relations disputes between the Company's Management and SP Pertamedika, the Guidelines for Settlement of Industrial Relations Disputes are enacted in all units of PT Pertamina Bina Medika in Decree No. Kpts-0604/A00000/2018-S8 (please inform if there are changes). One of the methods used to resolve industrial relations disputes is through Bipartite negotiations involving Workers or Labor Unions with Employers (Company Management).

Implementation Procedure

1. Prior to the Negation, the following preparations are carried out:

   a. The party who feels disadvantaged takes the initiative to communicate the problem in writing to the other party.
   b. If the party who feels disadvantaged is an individual worker who is not a member of a labor union, he/she can authorize the management of the labor union in the company to assist workers in negotiations.
   c. The Company's management is mandated to handle dispute resolution directly.
   d. In bipartite negotiations, the labor union or management may request assistance from their respective organizational apparatus;
   e. In the event that the worker who feels disadvantaged is not a member of the labor union and the number is more than 10 (ten) workers, then he/she must appoint a representative in writing which is agreed upon at most 5 (five) of the workers who feel disadvantaged;
   f. In the event of a dispute between labor unions within the same company, each labor union shall appoint a representative of a maximum of 10 (ten) persons.

2. Tahap Perundingan:
   a. Kedua belah pihak menginventarisasi dan mengidentifikasi permasalahan;
   b. Kedua belah pihak dapat menyusun dan menyetujui tata tertib secara tertulis dan jadwal perundingan yang disepakati;
   c. Dalam tata tertib para pihak dapat menyepakati bahwa selama perundingan dilakukan, kedua belah pihak tetap melakukan kewajibannya sebagaimana mestinya;
   d. Para pihak melakukan perundingan sesuai tata tertib dan jadwal yang disepakati;
   e. Dalam hal salah satu pihak tidak bersedia melanjutkan perundingan, maka para pihak atau salah satu pihak dapat mencatatkan perselisihannya kepada instansi yang bertanggung jawab di bidang ketenagakerjaan kabupaten/kota tempat pekerja bekerja walaupun belum mencapai 30 (tiga puluh) hari kerja;
   f. Setelah mencapai 30 (tiga puluh) hari kerja, perundingan bipartit tetap dapat dilanjutkan sepanjang disepakati oleh para pihak;
   g. Setiap tahapan perundingan harus dibuat risalah yang ditandatangani oleh para pihak, dan apabila salah satu pihak tidak bersedia menandatangani, maka hal ketidaksediaan itu dicatat dalam risalah dimaksud;
   h. Hasil akhir perundingan dibuat dalam bentuk risalah akhir, yang sekurang-kurangnya memuat
   i. Rancangan risalah akhir dibuat oleh pihak manajemen dan ditandatangani oleh kedua belah pihak atau salah satu pihak bilamana pihak lainnya tidak bersedia menandatanganinya.

3. Tahap Setelah Selesai Perundingan:
   a. Dalam hal para pihak mencapai kesepakatan, maka dibuat Perjanjian Bersama yang ditandatangani oleh para perunding dan didaftarkan pada Pengadilan Hubungan Industrial di Pengadilan Negeri wilayah para pihak mengadakan Perjanjian Bersama;
   b. Apabila perundingan mengalami kegagalan, maka salah satu atau kedua belah pihak mencatatkan perselisihannya kepada instansi yang bertanggung jawab di bidang ketenagakerjaan kabupaten/kota tempat pekerja bekerja dengan melampirkan bukti bahwa upaya-upaya penyelesaian melalui perundingan bipartit telah dilakukan.

2. Negotiation Stage:
   a. Both parties must take inventory and identify the problems;
   b. Both parties can draw up and agree on written rules and agreed negotiation schedules;
   c. In the regulation, the parties may agree that as long as the negotiations are carried out, both parties will continue to carry out their obligations as they should;
   d. The parties carry out negotiations according to the agreed rules and schedule;
   e. In the event that one of the parties is not willing to continue the negotiations, the parties or one of the parties may register the dispute with the agency responsible for manpower affairs in the regency/city where the worker works, despite not reaching 30 (thirty) working days;
   f. After reaching 30 (thirty) working days, bipartite negotiations can still be continued as long as it is agreed by the parties;
   g. At each stage of the negotiation, minutes must be drawn up and signed by the parties, if one of the parties is not willing to sign, then the case of unwillingness is recorded in the said minutes;
   h. The final results of the negotiations are made in the form of final minutes, which at least contain
   i. The final draft of the minutes is made by the management and signed by both parties or one of the parties if the other party is not willing to sign it.

3. Stages After the Negotiations Finish:
   a. In the event that the parties reach an agreement, a Collective Agreement is drawn up, signed by the negotiators, and registered with the Industrial Relations Court in the District Court in the area where the parties entered into a Collective Agreement;
   b. If the negotiations fail, then one or both parties shall register the dispute to the agency responsible for manpower in the district/city where the worker works by attaching evidence that efforts to resolve it through bipartite negotiations have been carried out.

TANGGUNG JAWAB PERUSAHAAN TERKAIT OPERASI YANG ADIL

Kebijakan TJSL terkait Operasi yang Adil

Pertamedika IHC senantiasa mengedepankan praktik usaha yang etis serta patuh terhadap peraturan perundang-undangan yang berlaku dalam seluruh aspek usaha, termasuk mengenai Keselamatan dan Kesehatan Kerja (K3), kebijakan Anti Korupsi dan Anti Gratifikasi, serta evaluasi pengelolaan perangkat kepatuhan yang dimiliki. Hal ini dilakukan guna memelihara hubungan yang sinergis dan harmonis dengan pemangku kepentingan melalui pelaksanaan aktivitas bisnis dan penanaman budaya korporasi yang sehat, jujur, dan adil.

Target TJSL terkait Operasi yang Adil

Maksud dan tujuan penerapan dan pelaksanaan praktik dan aktivitas bisnis berprinsip operasi yang adil diorientasikan pada pemeliharaan integritas, akuntabilitas, dan profesionalisme Perseroan di mata pemangku kepentingan. Selain itu, diharapkan terpenuhinya operasi yang adil diarahkan pada perbaikan kualitas kepatuhan yang bebas dari praktik-praktik *fraud* yang dapat menimbulkan risiko terhadap kelangsungan usaha Perseroan.

Kegiatan TJSL terkait Operasi yang Adil

Pada 2021, Pertamedika IHC telah melakukan tinjau ulang terhadap seluruh pedoman kepatuhan yang dimiliki. Selain itu, Perseroan juga melaksanakan kegiatan terkait operasi yang adil yakni di mana setiap tahun Direksi dan Dewan Komisaris memperbaharui pakta integritas, setiap pekerja yang menduduki jabatan akan menandatangani pakta integritas. Setiap pekerja membuat pelaporan gratifikasi setiap bulan/triwulan/apabila ada penerimaan melalui *Compliance Online System*.

Komitmen Pertamedika IHC untuk senantiasa patuh pada peraturan perundangan dibuktikan melalui nihilnya kasus *fraud* yang ditemukan di Perseroan sepanjang 2021 serta tidak adanya keterlibatan Perseroan maupun manajemen dalam kasus pengadilan baik dalam hal perdata maupun pidana.

CORPORATE RESPONSIBILITIES REGARDING FAIR OPERATIONS

TJSL Policy regarding Fair Operations

Pertamedika IHC always prioritizes ethical business practices and complies with applicable laws and regulations in all business aspects, including Occupational Health and Safety (OHS), Anti-Corruption and Anti-Gratification policies, as well as evaluation to the management of compliance tools. This is done in order to maintain a synergistic and harmonious relationship with stakeholders through the implementation of business activities and the cultivation of a healthy, honest and fair corporate culture.

TJSL Targets related to Fair Operations

The aims and objectives of implementing and implementing business practices and activities with fair operating principles are oriented towards maintaining the integrity, accountability, and professionalism of the Company in the eyes of stakeholders. In addition, it is hoped that the fulfillment of fair operations is directed at improving the quality of compliance that is free from fraudulent practices that may pose a risk to the Company's business continuity.

TJSL Activities related to Fair Operations

In 2021, Pertamedika IHC has reviewed all of its compliance guidelines. In addition, the Company also carries out activities related to fair operations, in which the Board of Directors and the Board of Commissioners are required to renew the integrity pact annually, every employee holding such positions must sign an integrity pact. Each employee is required to submit a gratuity report every month/quarter/if there is acceptance through the Compliance Online System.

Pertamedika IHC's commitment to always comply with laws and regulations is proven by the zero cases of fraud found in the Company throughout 2021 and the absence of involvement of the Company or management in court cases both in civil and criminal matters.

TANGGUNG JAWAB PERUSAHAAN TERKAIT LINGKUNGAN HIDUP

Kebijakan TJSL terkait Lingkungan Hidup

Pelaksanaan TJSL Perseroan dalam bidang lingkungan hidup disandarkan pada konsep *triple bottom lines* yang seluruhnya bermuara pada tumbuhnya budaya keberlanjutan di lingkungan Perseroan. Program terkait lingkungan hidup difokuskan pada praktik bisnis berwawasan lingkungan, peningkatan efisiensi kegiatan bisnis yang dijalankan, dan penekanan dampak negatif terhadap lingkungan yang dihasilkan operasional Perseroan.

CORPORATE RESPONSIBILITIES ON THE ENVIRONMENT

TJSL Policy related to the Environment

The implementation of the Company's TJSL in the environmental sector is based on the concept of triple bottom lines which all lead to the growth of a culture of sustainability in the Company's environment. Programs related to the environment are focused on environmentally sound business practices, increasing the efficiency of business activities carried out, and suppressing the negative impact on the environment generated by the Company's operations.

Target TJSL terkait Lingkungan Hidup

Target dan rencana kegiatan tanggung jawab perusahaan di bidang lingkungan hidup diorientasikan pada aspek-aspek sebagai berikut:

1. *Monitoring* pemenuhan perizinan terkait lingkungan hidup.
2. Pengelolaan lingkungan hidup sesuai izin lingkungan yang dimiliki

TJSL Targets related to the Environment

The targets and plans for corporate responsibility activities in the environmental sector are oriented to the following aspects:

1. Monitoring the fulfillment of permits related to the environment.
2. Managing the environment in accordance with the environmental permits obtained.

Kegiatan TJSL terkait Lingkungan Hidup

Pengelolaan Lingkungan Kerja

Dalam memelihara dan meminimalisasi risiko terjadinya kecelakaan kerja serta penyakit akibat kerja, Perseroan menempatkan kebijakan Kesehatan Lingkungan Kerja sebagai salah satu upaya dalam mengelola *potential hazard* bagi petugas medis dan non-medis. Upaya pengelolaan lingkungan kerja telah dilengkapi dengan Pedoman *Health, Safety, Security & Environment* (HSSE) No. A020/ A0000/2018-S0.

Secara berhati-hati dan detail, Perseroan memberlakukan kebijakan terkait pengelolaan limbah B3 yang dihasilkan oleh rumah sakit. Kegiatan usaha rumah sakit tentu tidak terlepas dari penggunaan peralatan kesehatan yang memerlukan penanganan khusus terhadap limbah yang dihasilkan. Oleh karenanya guna meminimalisir timbulnya risiko penyebaran penyakit, Perseroan menunjuk pihak ketiga dalam pengelolaan limbah B3 yang dihasilkan dengan senantiasa mendorong pengaplikasian prosedur dan penggunaan peralatan pengolahan limbah B3 yang sesuai dengan standar dan prosedur yang berlaku.

TJSL Activities on the Environment

Work Environment Management

In maintaining and minimizing the risk of occupational accidents and occupational diseases, the Company puts a Work Environment Health policy as an effort to manage potential hazards for medical and non-medical officers. Efforts to manage the work environment have been equipped with Health, Safety, Security & Environment (HSSE) Guidelines No. A020/ A0000/2018-S0.

Carefully and in detail, the Company enforces policies related to the management of B3 waste generated by hospitals. Hospital business activities certainly cannot be separated from the use of medical equipment that requires special handling of the waste generated. Therefore, in order to minimize the risk of spreading disease, the Company appoints a third party in the management of the B3 waste by continuously encouraging the application of procedures and the use of B3 waste treatment equipment in accordance with applicable standards and procedures.

Mekanisme Pengaduan Masalah Lingkungan

Pertamedika IHC memiliki sarana pengaduan masalah lingkungan kerja yang di bawahi dan ditangani penyelesaiannya oleh fungsi HSE sesuai dengan prosedur yang berlaku. Setiap pengaduan masalah lingkungan yang masuk akan dicatat, dikonsultasikan, dan dipelajari serta dianalisis untuk mengetahui akar penyebabnya serta memutuskan tindak lanjutnya. Sampai dengan 31 Desember 2021, Perseroan tidak mendapati adanya aduan, laporan, dan keluhan yang berkaitan dengan masalah lingkungan.

Environmental Complaint Mechanism

Pertamedika IHC has provided a facility for complaints on work environment issues which are under and handled by the HSE function in accordance with applicable procedures. Every complaint about environmental problems that comes in will be recorded, consulted, and studied and analyzed to find out the root cause and decide on the follow-up. As of December 31, 2021, the Company has not received any complaints, reports, and complaints related to environmental problems.

Sertifikasi di Bidang Lingkungan

Upaya strategis Perseroan dalam memenuhi tanggung jawab terkait lingkungan hidup turut diwujudkan melalui standardisasi pengelolaan lingkungan. Selain berperan sebagai wujud kepatuhan, perolehan sertifikasi menjadi bukti pengakuan dari pihak eksternal bahwa pengelolaan lingkungan hidup yang diterapkan telah sesuai dengan kaidah keberlanjutan yang berlaku. Pengelolaan lingkungan kerja adalah salah satu faktor yang memegang peranan penting dalam mencegah terjadinya kecelakaan kerja dan penyakit akibat aktivitas kerja.

Environmental Certification

The Company's strategic efforts in fulfilling environmental responsibilities are also realized through standardization of environmental management. In addition to acting as a form of compliance, obtaining certification is proof of acknowledgment from external parties that the environmental management applied is in accordance with applicable sustainability rules. Management of the work environment is one of the factors that play an important role in preventing work accidents and diseases due to work activities.

Perseroan berprinsip bahwa lingkungan rumah sakit yang tidak dikelola dengan baik akan menjadi *hazardous potential* bagi pekerja, pasien, pengunjung dan lingkungan sekitarnya. Oleh karenanya secara berkesinambungan Pertamedika IHC menguatkan fungsi HSE dalam mengelola lingkungan hidup. Upaya yang dilakukan dengan standardisasi pengelolaan lingkungan hidup yang berlaku internal (Pertamina) dan nasional yaitu PERCA (*Pertamina Environment Regulation Compliance Assurance*), PROPERDA, PROPER.

The Company upholds the principles that hospitals should be well-managed in order to avoid becoming hazardous potential for employees, patients, visitors, and its surrounding environment. Thus, Pertamedika IHC continuously strengthens its HSE function in environmental management. This commitment is reflected in the standardization of environmental management that applies internally (Pertamina) and nationally, namely PERCA (Pertamina Environment Regulation Compliance Assurance), PROPERDA, PROPER.

Berikut adalah perolehan sertifikasi Perseroan di bidang lingkungan pada 2021:

The following is the Company's 2021 certifications on environment.

No	Unit Usaha / Business Unit	Jenis Pencapaian / Type of Achievement
1	RS Pusat Pertamina, RS Pertamina Cirebon, RS Pertamina Cilacap, RS Pertamina Balikpapan, RS Pertamina Plaju, RS Pertamina Prabumulih, RS Pertamina Tarakan / Pertamina Central Hospital, Pertamina Cirebon Hospital, Pertamina Cilacap Hospital, Pertamina Balikpapan Hospital, Pertamina Plaju Hospital, Pertamina Prabumulih Hospital, Pertamina Tarakan Hospital	PERCA (Pertamina *Environment Regulation Compliance Assurance*) PERINGKAT BIRU / PERCA (Pertamina Environment Regulation Compliance Assurance) BLUE RATING

Dampak TJSL terkait Lingkungan Hidup

Pengelolaan lingkungan kerja serta pengolahan limbah B3 yang diterapkan secara konsisten memberikan dampak positif terhadap efektivitas dan efisiensi manajemen Keselamatan dan Kesehatan Kerja (K3), baik bagi petugas medis, pasien, mitra kerja, maupun pemangku kepentingan lainnya. Hal tersebut tercermin dari tidak adanya pengaduan yang disampaikan terkait indikasi kelalaian dalam pengolahan limbah B3 maupun manajemen lingkungan yang tidak etis.

TJSL Impact on Environment

Consistent implementation of work environment management and B3 waste treatment has a positive impact on the effectiveness and efficiency of Occupational Health and Safety (OHS) management, both for medical staff, patients, work partners, and other stakeholders. This is reflected on the absence of complaints submitted relating to indications of negligence in B3 waste treatment and unethical environmental management.

TANGGUNG JAWAB PERUSAHAAN TERKAIT KESELAMATAN DAN KESEHATAN KERJA (K3)

Kebijakan TJSL terkait K3

Peran Perseroan sebagai penyedia layanan Perseroan sebagai penyedia layanan kesehatan menempatkan SDM sebagai fungsi yang sentral dalam keberlanjutan usaha. Mengacu pada pemahaman tersebut Pertamedika IHC senantiasa berupaya memenuhi tanggung jawabnya dalam memenuhi hak pekerja, mendukung penyediaan iklim dan lingkungan kerja yang sehat dan aman, serta menjunjung tinggi prinsip keselamatan, kesehatan dan lingkungan (*Health, Safety & Environment*/HSE).

Pengelolaan K3 Perseroan juga mengacu pada ketentuan umum yang berlaku di Indonesia yakni Undang-Undang No.13 tahun 2003 tentang Ketenagakerjaan dan Peraturan Menteri Ketenagakerjaan Republik Indonesia No.15 Tahun 2018 tentang Upah Minimum.

CORPORATE RESPONSIBILITY ON OCCUPATIONAL HEALTH AND SAFETY (OHS)

TJSL Policy on OHS

As an entity in the healthcare service industry, the Company certainly cannot undermine the role of HR as its main resource. Based on this understanding, the Company continues to fulfill its responsibilities in fulfilling employees' rights, supporting a healthy and safe working environment and climate, and upholding the principles of Health, Safety & Environment (HSE).

The Company's OHS management refers to the general provisions applied in Indonesia, namely Law No. 13 of 2003 on Manpower and Regulation of the Minister of Manpower of the Republic of Indonesia No. 15 of 2018 on Minimum Wage.

Kebijakan dan Komitmen Pengelolaan K3

Pertamedika IHC beserta seluruh Unit Usaha yang berada di lingkungan kerjanya selalu berupaya untuk melaksanakan kegiatan operasional secara aman, nyaman, dan berwawasan lingkungan, dengan menerapkan standar tinggi terhadap aspek *Health, Safety, Security, and Environment* (HSSE). Hal tersebut bertujuan untuk meminimalkan risiko dengan cara mencegah terjadinya kecelakaan, kebakaran, penyakit akibat kerja, pencemaran lingkungan, dan gangguan keamanan serta dampak lain akibat kegagalan operasi terhadap lingkungan di sekitar kegiatan Pertamedika IHC.

Dalam rangka memenuhi hal tersebut, Direksi dan seluruh Pekerja serta Mitra Kerja Pertamedika IHC berkomitmen untuk:

1. Mengutamakan aspek HSSE dalam pengelolaan bisnis perusahaan.
2. Mematuhi peraturan perundangan HSSE serta menggunakan teknologi tepat guna sesuai standar nasional dan internasional.
3. Mengurangi risiko serendah mungkin untuk mencegah terjadinya insiden pada personil, *asset*, informasi, dan lingkungan dengan cara melakukan identifikasi, evaluasi, pengendalian, dan pemantauan terhadap potensi bahaya dan ancaman.
4. Melakukan intervensi terhadap kondisi, maupun Tindakan yang dinilai tidak aman.
5. Memastikan pemahaman dan implementasi CLSR (*Corporate Life Saving Rules*) pada Pekerja dan Mitra Kerja.
6. Meningkatkan kesadaran dan kompetensi Pekerja serta Mitra Kerja agar dapat melaksanakan pekerjaan dengan benar, aman, dan berwawasan lingkungan.
7. Melaporkan seluruh insiden secara transparan dan melakukan investigasi untuk mencegah terjadinya insiden serupa.
8. Menjadikan kinerja HSSE personel, aset, data, dan informasi perusahaan dalam penilaian dan penghargaan terhadap seluruh pekerja.

Kegiatan TJSL terkait K3

A. Health

1. *Monitoring* dan evaluasi pelaksanaan MCU
2. *Follow up* pekerja yang perlu tindak lanjut sesuai hasil MCU
3. *Monitoring* dan evaluasi pekerja terdampak Covid-19
4. Skrining Covid-19 pada Pekerja

Policy and Commitment on OHS Management

Pertamedika IHC and all Business Units in its working environment always strive to carry out operational activities in a safe, comfortable, and eco-friendly manner, by applying high standards to aspects of Health, Safety, Security, and Environment (HSSE). This aims to minimize risk by preventing accidents, fires, occupational diseases, environmental pollution, and security disturbances as well as other impacts due to operational failures on the environment around Pertamedika IHC activities.

In fulfilling this commitment, the Board of Directors, all Employees and Work Partners of Pertamedika IHC are committed to:

1. Prioritizing HSSE aspects in managing the company's business.
2. Complying with HSSE laws and regulations and use appropriate technology in accordance with national and international standards.
3. Minimizing risks to prevent incidents relating to personnel, assets, information, and the environment by identifying, evaluating, controlling, and monitoring potential hazards and threats.
4. Intervening conditions and actions that are considered unsafe.
5. Ensuring the understanding and implementation of CLSR (Corporate Life Saving Rules) for Employees and Work Partners
6. Increasing awareness and competence of Employees and Work Partners so that they can carry out work in a correct, safe, and environmentally sound manner.
7. Reporting all incidents transparently and conducting investigations to prevent similar incidents.
8. Making the HSSE performance of company personnel, assets, data, and information as assessment and appreciation of all employees

TJSL Activities on OHS

A. Health

1. Monitoring dan evaluating the implementation of MCU
2. Following up workers who require follow ups based on the MCU results
3. Monitoring and evaluating workers impacted by the Covid-19
4. Screening of Covid-19 for workers

B. *Safety*

1. Insiden kecelakaan kerja
2. HSE *meeting*
3. *Management walkthrough* (dan *Assessment* Gedung kesiapan *new normal*)
4. Sosialisasi/Pelatihan HSE
5. Kegiatan Bulan K3
6. *Monitoring* perizinan sarfas (Sarana dan Fasilitas Kesehatan) di Rumah Sakit
7. Simulasi Sistem Pengelolaan Keadaan Darurat & keadaan darurat
8. Audit HSE

B. Safety

1. Occupational accidents
2. HSE meeting
3. Management walkthrough (and Building Assessment on the readiness for the new normal)
4. HSE Dissemination/Training
5. Activities on the OHS month
6. Monitoring the permits on Health Facilities and Infrastructure in Hospitals
7. Management System Simulation on Emergencies
8. HSE Audit

C. *Enviroment*

1. Sertifikasi pengelola limbah B3
2. Audit PERCA (Pertamina *Environment Regulation Compliance Assurance*)
3. HSE Plan
4. SUPREME (*Sustainability Pertamina Expectations for HSSE Management Excellence*)

C. Environment

1. B3 waste management certification
2. PERCA (Pertamina Environment Regulation Compliance Assurance) Audit
3. HSE Plan
4. SUPREME (Sustainability Pertamina Expectations for HSSE Management Excellence)

Target TJSL terkait K3

Implementasi kebijakan dan program tanggung jawab terkait Keselamatan dan Kesehatan Kerja (K3) di lingkungan Pertamedika IHC bertujuan untuk menciptakan iklim dan proses kerja yang aman dan sehat, memperbaiki kinerja HSE, menumbuhkan budaya sadar K3, serta menurunkan tingkat kecelakaan kerja. Berikut rincian target terkait bidang K3 Perusahaan:

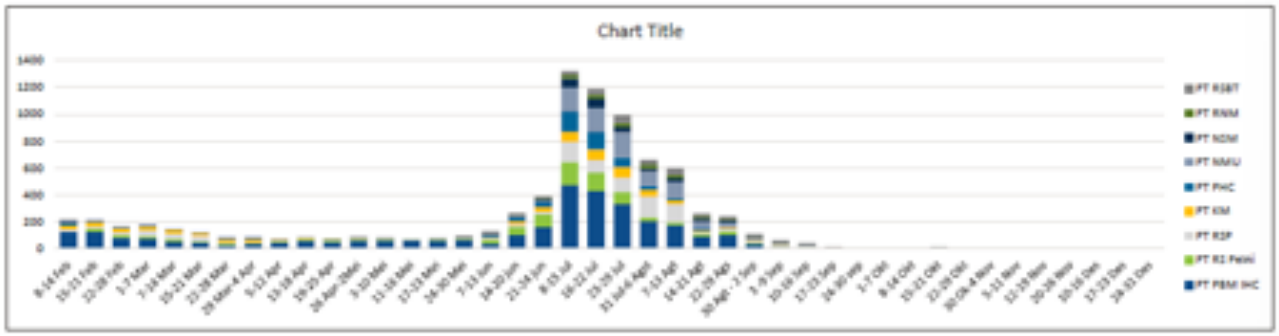
TJSL Targets on OHS

Implementation of policies and programs related to Occupational Health and Safety (OHS) in Pertamedika IHC environment aims to create a safe and healthy work climate and process, improve HSE performance, foster a culture of OHS awareness, and reduce work accident rates. Details of targets in OHS are as follows:

Capaian Vaksinasi Covid-19	Capaian MCU
• Dosis 1: Pekerja, Keluarga, Mitra Kerja (100%) / Dose 1: Worker, Family, Business Partner (100%) • Dosis 2: Pekerja, Mitra Kerja (100%), Keluarga (88%) / Dose 2: Workers, Business Partners (100%), Family (88%) • Dosis 3: Pekerja, Mitra Kerja (68,5%) / Dosage 3: Workers, Business Partners (68.5%)	Total Seluruh Pekerja 74,67% / Total Employees 74.67% Berdasarkan Status Kepegawaian: / By Employment Status: • PWTT :67,83% / PWTT :67.83% • PWT : 82,92% / PWT : 82.92% • Mitra : 82,16% / Partners : 82.16% • OS : 60,68% / OS : 60.68% • Calon Pekerja : 100% / Prospective Workers : 100%

Pekerja Terkonfirmasi Covid-19

Covid-19 Confirmed Worker



Total Terkonfirmasi Positif / Total Confirmed Positive	Sembuh / Healed	Meninggal / Dead
8.184	8.142	6

Pengelolaan dan Pemberian Jaminan Kesehatan Kerja

Untuk melindungi pekerja dari segala risiko yang dapat merugikan kesehatan akibat kerja atau Penyakit Akibat Kerja (PAK), Perseroan melaksanakan berbagai program dan kegiatan pemeliharaan kesehatan kerja, di antaranya sebagai berikut:

1. *Health Care Promotion* (Promosi Kesehatan bagi Pekerja)
   Pengenalan pekerja terhadap *hazard* mulai dari identifikasi *hazard*, dampak *hazard* dan penanganan akibat eksposur *hazard*, serta cara pencegahan agar tidak terkena eksposur *hazard* di tempat kerja. Hal ini juga dilakukan terhadap pekerja *outsourcing* di lingkungan perusahaan.
2. Pemeriksaan Kesehatan (*Medical Check Up*) *Fit to Work*
   Setiap pekerja diwajibkan melakukan pemeriksaan kesehatan berkala untuk memastikan bahwa pekerja berada dalam kondisi sehat dan dapat beraktivitas sesuai dengan beban pekerjaan yang diberikan. Selain itu, Perseroan juga telah menyusun TKO pemeriksaan kesehatan pekerja secara berkala berbasis risiko. Acuan ini digunakan untuk menilai kemungkinan risiko Kesehatan yang berpengaruh terhadap kinerja pekerja, menyediakan data kesehatan pekerja, serta menyusun usaha-usaha pencegahan yang diperlukan.

Pelaksanaan *Medical Check Up* (MCU) *Fit to Work* dilakukan dalam beberapa tahap yaitu:

1) Tahap Awal bagi calon pekerja;
2) Tahap Berkala bagi pekerja yang telah bekerja;
3) Tahap Khusus bagi pekerja dengan risiko kecelakaan kerja yang tinggi.

Dalam menggenapkan komitmen Perseroan terhadap pengelolaan kesehatan kerja, seluruh pekerja di lingkungan Pertamedika IHC diikutsertakan dalam program BPJS Kesehatan dan BPJS Ketenagakerjaan serta pemberian jaminan pemeliharaan kesehatan sesuai dengan ketentuan dan fasilitas yang tersedia. Kebijakan ini telah diatur dalam Perjanjian Kerja Bersama (PKB) antara Perseroan dengan Serikat Pekerja.

Selain itu Perseroan juga menyediakan perlengkapan perlindungan serta alat-alat keselamatan kerja dan pekerja diwajibkan memakai dan memelihara perlengkapan perlindungan dan alat-alat keselamatan kerja tersebut, terutama untuk pekerjaan tertentu yang memiliki risiko tinggi. Selain penyediaan alat keselamatan kerja, pekerja juga dibekali dengan pelatihan-pelatihan mandatory terkait keselamatan kerja, antara lain Pelatihan PPI (Pencegahan dan Pengendalian Infeksi) Rumah Sakit Dasar, Pelatihan *Basic Life Support, Hand Hygiene, Fire Safety*, dan pelatihan keselamatan kerja lainnya.

Management and Provision of Occupational Health Insurance

Occupational health management is intended to protect employees from all health risks due to work or Occupational Diseases (PAK). This is carried out through programs and activities for maintaining occupational health, including:

1. Health Care Promotion (for Employees)
   Introduction to hazards ranging from hazard identification, hazard impacts and handling of hazard exposures, as well as ways to prevent hazard exposure in the workplace for employees. This is also carried out for outsourced workers in the company environment.
2. Fit to Work Medical Check-Up
   Every employee is required to conduct undergo periodical medical check-up to ensure that they are in a healthy condition and can perform activities according to their workload. In addition, the Company has also compiled a risk-based TKO for regular employee medical check-up. This reference is used to assess possible health risks that affect the employees' performance, provide the employees' health data, and develop necessary preventive measures.

The Fit to Work Medical Check Up (MCU) is carried out in several stages, namely:

1) Initial Stage for prospective employees;
2) Periodic Stage for working employees;
3) Special Stage for employees with high risk of work accidents.

In fulfilling the Company's commitment to the management of occupational health, all employees within Pertamedika IHC environment are registered in the BPJS Kesehatan and BPJS Ketenagakerjaan programs and provided with healthcare insurance in accordance with the available provisions and facilities. This policy has been regulated in a Collective Labor Agreement (CLA) between the Company and Labor Union.

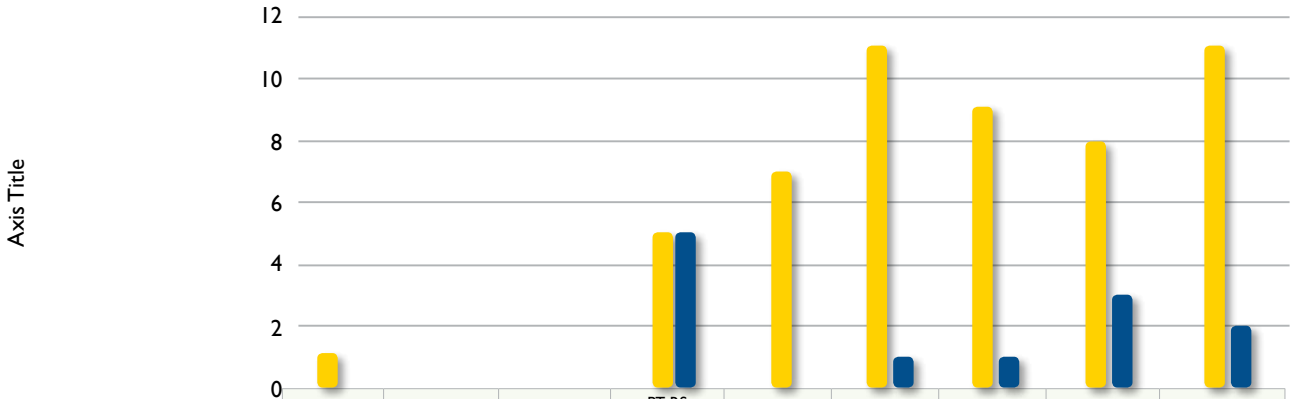
In addition, the Company also provides protection and work safety equipment, which must be equipped and maintained by the employees, especially for tasks with high risks. Aside from the work safety equipment, the employees are also provided with mandatory training related to work safety, including PPI Training (Prevention and Control of Basic Hospital Infection, Basic Life Support Training, Hand Hygiene, Fire Safety, and other occupational safety training.

Dampak TJSL terkait K3

Dampak yang ditimbulkan dari pemenuhan tanggung jawab perusahaan terkait keselamatan dan kesehatan kerja dilihat dari hasil Safety Performance dengan rincian sebagai berikut.

CSR Impact on OHS

The impact of fulfilling the Company's responsibilities related to occupational safety and health is seen from the results of the Safety Performance with the following details.



	PT RS BAKTI TIMAH	PT RS PELABUHAN	PT ROLAS NUSANTARA MEDIKA	PT RS NUSANTARA SEBELAS MEDIKA	PT RS KRAKATAU MEDIKA	PT RS PELNI	PT PHC	PT ROLAS NUSANTARA UTAMA	PERTAMEDIAK IHC
FATALITY	0	0	0	0	0	0	0	0	0
DAY AWAY FROM WORK	0	0	0	0	0	0	0	0	0
RESTRICTED WORK	0	0	0	0	0	0	0	0	0
MEDICAL TREATMENT CASE	1	0	0	5	7	11	9	8	11
FIRST AID	0	0	0	5	0	1	1	3	2

Terdapat 49 kasus yang dilanjutkan dengan perlakuan medis karena factor kecekalaan kerja (Tindakan, recapping jarum suntik, pembuangan limbah) dengan tindak lanjut sebagai berikut:

- Koordinasi dengan IPCN untuk meningkatkan pengawasan pengelolaan limbah benda tajam
- Bekerjasama dengan HCGA mengadakan WS penggunaan insulin dengan benar sebanyak 5 *batch* diikuti oleh dokter dan perawat di Pertamedika *Group*

There were 49 cases that were followed-up with medical treatment due to work accidents (actions, needle recapping, waste disposal) with the following follow-up:

- Coordination with IPCN to improve supervision of sharps waste management
- Cooperation with HCGA to hold 5 batches of WS on the correct use of insulin attended by doctors and nurses at Pertamedika Group.

TANGGUNG JAWAB PERUSAHAAN TERKAIT PENGEMBANGAN SOSIAL KEMASYARAKATAN

Kebijakan TJSL terkait Pengembangan Sosial Kemasyarakatan

Pertamedika IHC menyadari pentingnya keterlibatan dan pengembangan masyarakat sekitar untuk mendukung keberlanjutan bisnis Perseroan serta sebagai sarana untuk menanamkan kepercayaan dan menerapkan asas manfaat yang luas bagi pemangku kepentingan. Mendukung komitmen ini, Perseroan memiliki program khusus pengembangan komunitas bernama *Community Involvement Development* yang ditetapkan melalui Surat Keputusan Direktur Utama PT Pertamina Bina Medika No. Kpts-0720/A00000/2013-S0 tanggal 16 Juli 2019 dan berpedoman pada Pedoman Pengelolaan Kegiatan Tanggung Jawab Sosial dan Lingkungan No. A-010/A00000/2013-S0.

CORPORATE RESPONSIBILITY ON SOCIAL COMMUNITY DEVELOPMENT

TJSL Policy on Social Community Development

Pertamedika IHC is aware on the importance of local community involvement and development to support business continuity as means to instill trust and extend benefits for stakeholders. In this case, the Company has prepared a special community development program called Community Involvement Development established through Decree of the President Director of PT Pertamina Bina Medika No. Kpts-0720/A00000/2013-S0 dated July 16, 2019 and refers to the Guidelines for Managing Social and Environmental Responsibility Activities No. A-010/A00000/2013-S0.

Ruang lingkup yang diatur dalam *Community Involvement Development* meliputi 3 (tiga) kebijakan utama sebagai berikut:

The scope set out in Community Involvement Development covers 3 (three) main policies as follows:

Program Terencana / Planned Program	Program yang sesuai dengan fokus kegiatan TJSL yang dilaksanakan baik bersama Pertamina maupun Entitas Anak Pertamina / A program that is in accordance with the focus of TJSL activities carried out both by Pertamina and its subsidiaries.
Bantuan Khusus / Special Assistance	Kegiatan TJSL yang sesuai dengan fokus kegiatan TJSL yang dilaksanakan baik bersama Pertamina maupun Entitas Anak Pertamina / TJSL activities in accordance with the focus of TJSL activities carried out both by Pertamina and its subsidiaries.
Civic Mission	Kegiatan TJSL yang dimasukkan dalam kategori bantuan khusus / TJSL activities classified as special assistance.

Community Involvement Development dilaksanakan di wilayah prioritas dengan pembagian sebagai berikut:

1. Wilayah Operasi Ring I: Area geografis yang berpotensi terkena dampak kegiatan operasi perusahaan dengan radius kurang lebih 0-5 km.
2. Wilayah Operasi Ring II: Area administratif kecamatan yang berpotensi terkena dampak kegiatan operasi Perusahaan.
3. Wilayah Operasi Ring III: Area di luar Ring I dan Ring II berdasarkan penugasan pimpinan.
4. Wilayah Indonesia di luar wilayah terdampak yang dipandang perlu untuk mendapatkan bantuan, seperti daerah bencana, tertinggal, perbatasan, dan terpencil.

Community Involvement Development is carried out in priority areas with the following division:

1. Ring I Operation Area: Geographical area that is potentially affected by the company's operations with a radius of approximately 0-5 km.
2. Ring II Operation Area: Sub-district administrative areas that are potentially affected by the company's operations.
3. Ring III Operation Area: Areas outside Ring I and Ring II based on the management instructions.
4. Indonesian territories outside the affected areas that are deemed in need of assistance, such as disaster-affected, underdeveloped, border and remote areas.

Target TJSL terkait Pengembangan Sosial Kemasyarakatan

Pelaksanaan TJSL di bidang pengembangan sosial kemasyarakatan diintegrasikan pada tujuan pembangunan berkelanjutan dan menargetkan dampak dan kebermanfaatan yang terasa bagi masyarakat sebagai berikut:

1. Meningkatkan pengetahuan masyarakat.
2. Meningkatkan derajat kesehatan masyarakat.
3. Membangun citra positif bagi Perseroan.
4. Mendukung penyediaan layanan dan edukasi Kesehatan bagi pasien, kader Posyandu, maupun penerima manfaat program lainnya.
5. Membangun generasi sadar kesehatan.
6. Menanamkan kecintaan pada layanan Rumah Sakit, khususnya RS Pertamina.

TJSL Targets on Social Community Development

TJSL implementation in social community development is integrated with the sustainable development goals and aims at the impacts and benefits for the community as follows:

1. Increase public knowledge
2. Improve public health
3. Build a positive image for the Company
4. Support the provision of health services and education for patients, Posyandu personnel, and other program beneficiaries
5. Build a health-conscious generation
6. Instill love in hospital services, especially Pertamina Hospital

Kegiatan TJSL Pengembangan Sosial Kemasyarakatan

Pertamedika IHC menyadari pentingnya keterlibatan dan pengembangan masyarakat sekitar untuk mendukung keberlanjutan bisnis Perseroan serta sebagai sarana untuk menanamkan kepercayaan dan menebar kebermanfaatan yang luas bagi pemangku kepentingan.

TJSL Activities in Social Development

Pertamedika IHC realizes the importance of local community involvement and development to support business continuity as means to instill trust and extend benefits for stakeholders.

Berikut kegiatan yang dilakukan Perusahaan selama tahun 2021:

1. Pengembangan pengetahuan kesehatan baik terkait covid 19 ataupun non covid 19 kepada masyarakat luas melalui edukasi yang dilakukan lewat media social Instagram Pertamedika IHC, RS & Klinik Unit Usaha Pertamedika IHC;

The following is the activities carried out by the Company throughout 2021:

1. Development of health knowledge both related to covid-19 and non-covid-19 to the wider community through education carried out through Instagram social media of Pertamedika IHC, Hospital & Clinic of Pertamedika IHC Business Unit;

2. Pengembangan pengetahuan medis baik terkait covid 19 ataupun non covid 19 kepada para professional medis dan penunjang medis yang dilakukan melalui *platform* webinar;
3. Edukasi offline mulai dilakukan pada kuartal akhir 2022, sejalan dengan penurunan kasus Covid 19 di Indonesia, kegiatan ini dilakukan oleh RS Unit Usaha Pertamedika, antara lain;
   - Program CSR Pelatihan *First Aid* Tanggap Bencana bagi Anggota Kampung Siaga Bencana Teritip bekerja sama dengan Pertamina - DPPU Sepinggan group, Rumah BUMN Balikpapan & iCare Balikpapan.
   - Latihan SAR Daerah Pencarian & Pertolongan Penanganan Kecelakaan Pesawat Udara di Perairan Teluk Balikpapan bersama Basarnas Balikpapan.
4. Kegiatan Donor Darah yang dilakukan oleh RS Pertamedika IHC group dalam berbagai acara seperti HUT Rumah Sakit, Hari Donor Darah Sedunia, Hari PMI, dll;
5. Program Penanaman Pohon dalam rangka Hari Tanam Pohon Nasional 2021, dilaksanakan secara serentak oleh RS Pertamedika IHC *group*;
6. Launching Program ATM Beras yang dilaksanakan oleh RS Pertamina Balikpapan;
7. Program HSE RSPCL Tanam Hidroponik di lahan terbuka RS Pertamina Cilacap;
8. RS PHC Surabaya memberikan bantuan operasi sumbing gratis , bekerja sama dengan *Smile Train* Indonesia.

2. Development of medical knowledge both related to covid-19 and non-covid-19 to medical professionals and medical support through the webinar platform;
3. Offline education began to be carried out in the final quarter of 2022, in line with the decline in Covid-19 cases in Indonesia,. This activity was carried out by the Pertamedika Business Unit Hospital, among others;
   - First Aid Disaster Response Training CSR Program for Teritip Disaster Alert Village Members in collaboration with Pertamina - DPPU Sepinggan group, Balikpapan SOE House & iCare Balikpapan.
   - SAR Exercises in the Search & Rescue Area for Aircraft Accident Handling in the waters of Balikpapan Bay with the Balikpapan Basarnas.
4. Blood Donation Activities carried out by Pertamedika Hospital IHC group in various events such as Hospital Anniversary, World Blood Donor Day, PMI Day, etc.;
5. The Tree Planting Program in the framework of the 2021 National Tree Planting Day, carried out simultaneously by the Pertamedika IHC Hospital group;
6. Launching of the Rice ATM Program implemented by Pertamina Hospital;
7. RSPCL Hydroponic Planting HSE Program in open land at Pertamina Cilacap Hospital;
8. PHC Surabaya Hospital provides free cleft surgery assistance, in collaboration with Smile Train Indonesia.

Dampak TJSL terkait Pengembangan Sosial Kemasyarakatan

Penyelenggaraan program TJSL di bidang pengembangan sosial kemasyarakatan yang dilaksanakan secara sistematis, terstruktur dan berskala dimaknai sebagai investasi sosial bagi Perseroan, yang dampaknya tidak sekedar dinilai dari dampak ekonomis, tetapi turut diukur dari tingkat dan kualitas kebermanfaatan yang terasa bagi pemangku kepentingan.

TJSL Impact on Social Community Development

The implementation of TJSL programs on social community development in a systematic, structured and periodic manner is interpreted as a social investment for the Company, the impact of which is not only assessed based on economic impacts, but also measured from the level and quality of perceived usefulness for stakeholders.

No	Dampak Program *Community Involvement Development* / Impact of the Community Involvement Development Program
1	Peningkatan pengetahuan masyarakat / Increasing public knowledge
2	Peningkatan derajat kesehatan masyarakat / Increasing the level of public health
3	Peningkatan citra positif Perusahaan / Improving of the positive image of the Company

TANGGUNG JAWAB PERUSAHAAN TERKAIT PERLINDUNGAN KONSUMEN

Kebijakan TJSL terkait Perlindungan Konsumen

Bagi Perseroan, konsumen merupakan pemangku kepentingan yang memiliki peran dan kontribusi tersendiri dalam menentukan tingkat keberhasilan usaha Perseroan secara berkelanjutan. Perwujudan akan komitmen ini oleh Perseroan dituangkan melalui pemberian perlindungan kepada pasien dan keluarganya.

CORPORATE RESPONSIBILITY ON CONSUMER PROTECTION

TJSL Policy on Consumer Protection

The Company defines consumers as stakeholders who have their own role and contribution in determining the Company's business sustainability. In realizing its responsibilities, the Company strives to guarantee legal certainty to provide protection to patients and their families.

Sebagai institusi layanan kesehatan terakreditasi, upaya perlindungan konsumen yang dijalankan Perseroan diintegrasikan dengan ketentuan yang diatur dalam akreditasi KARS (Komite Akreditasi RS) Indonesia. Regulasi KARS mengatur prinsip-prinsip perlindungan konsumen bernama 6 (enam) Sasaran Keselamatan Pasien (SKP). SKP ini selanjutnya menjadi acuan bagi rumah sakit untuk melakukan perbaikan spesifik dalam keselamatan pasien dan peningkatan mutu pelayanan rumah sakit dan keselamatan pasien.

Adapun 6 sasaran SKP yang dimaksud meliputi:

1. Sasaran 1: Mengidentifikasi pasien dengan benar.
2. Sasaran 2: Meningkatkan komunikasi yang efektif.
3. Sasaran 3: Meningkatkan keamanan obat-obatan yang harus diwaspadai (*High Alert Medications*).
4. Sasaran 4: Memastikan lokasi pembedahan yang benar, prosedur yang benar, pembedahan pada pasien yang benar.
5. Sasaran 5: Mengurangi risiko infeksi terkait pelayanan kesehatan.
6. Sasaran 6: Mengurangi risiko cedera pasien akibat terjatuh.

Target TJSL terkait Perlindungan Konsumen

Rangkaian kebijakan, kegiatan, dan program perlindungan konsumen dimaksudkan untuk terlaksananya pelayanan pasien yang prima dan berkualitas sesuai dengan peraturan dan ketentuan yang berlaku, terpenuhinya izin dan *consent* pasien dan keluarga dalam pemberian asuhan, terhindarnya praktik-praktik penyimpangan dalam penyediaan layanan kesehatan, serta terjaganya kerahasiaan dan privasi pasien dan keluarga dari pihak-pihak yang tidak berkepentingan.

Kegiatan TJSL terkait Perlindungan Konsumen

Implementasi Standar Akreditasi terkait Pasien dan Keluarga

Perseroan menerapkan program dan kebijakan pemenuhan hak dan kewajiban pasien sebagai berikut:

1. Bertanggung jawab dan mendukung hak pasien dan keluarga selama dalam asuhan rumah sakit berupa:
   a. Pemberian asuhan dengan menghargai agama, keyakinan dan nilai-nilai pribadi pasien, serta merespons permintaan yang berkaitan dengan bimbingan kerohanian.
   b. Penjagaan kerahasiaan informasi pasien dan kebutuhan privasinya.
   c. Penerapan ketentuan untuk melindungi harta benda milik pasien dari kehilangan atau pencurian.
   d. Identifikasi dan pemberian perlindungan bagi pasien yang rentan terhadap kekerasan fisik.
2. Menetapkan regulasi dan proses untuk mendukung partisipasi pasien dan keluarga di dalam proses asuhan, berupa:
   a. Pemberian informasi mengenai semua aspek asuhan medis dan tindakan.

As an accredited health service institution, consumer protection efforts carried out by the Company are integrated with the provisions stipulated in the accreditation of KARS (Hospital Accreditation Committee) of Indonesia. KARS regulations stipulate the principles of consumer protection called 6 (six) Patient Safety Targets (SKP). SKP then becomes a reference for hospitals to make specific improvements concerning patient safety and the quality of hospital services and patient safety.

The 6 SKP targets concerned include:

1. Goal 1: Identify patients correctly.
2. Goal 2: Improve effective communication.
3. Goal 3: Improve the safety of High Alert Medications.
4. Goal 4: Ensure the correct location of surgery, correct procedure, and correct surgery patients.
5. Goal 5: Reduce the risk of infections related to health services.
6. Goal 6: Reduce the risk of injury to patients due to falls.

TJSL Targets on Consumer Protection

The series of policies, activities and consumer protection programs aimed at the implementation of excellent and quality patient services in accordance with applicable rules and regulations, the fulfillment of patient and family permission and consent in providing care, avoidance of irregularities in practices during the provision of health services, as well as maintaining confidentiality and privacy of patients and families from unrelated parties.

TJSL Activities on Consumer Protection

Implementation of Accreditation Standards Related to Patients and Families

The Company implements programs and policies to fulfill the rights and obligations of patients as follows:

1. Be responsible and support the rights of patients and families during hospital care by:
   a. Providing care by respecting the religion, beliefs and personal values of patients, and responding to requests related to spiritual guidance.
   b. Safeguarding the confidentiality of patient information and privacy needs.
   c. Applying provisions to protect patients' property from loss or theft.
   d. Identifying and providing protection for patients who are vulnerable to physical violence.
2. Establish regulations and processes to support patient and family participation in the care process by:
   a. Providing information about all aspects of medical care and actions.

b. Pemberian informasi kepada pasien dan keluarga mengenai penyakit, rencana tindakan, dan DPJP serta PPA agar mereka dapat memutuskan tentang asuhannya.
c. Menghormati keinginan dan pilihan pasien untuk menolak pelayanan resusitasi, menunda atau melepas bantuan hidup dasar (*do not resucitate*/DNR).
d. Dukungan hak pasien terhadap *assessment* dan manajemen nyeri yang tepat.
e. Dukungan hak pasien untuk mendapatkan pelayanan yang penuh hormat dan kasih sayang pada akhir kehidupannya.

3. Memberikan penjelasan kepada pasien dan keluarganya tentang proses untuk menerima, menanggapi, dan menindaklanjuti bila ada pasien yang menyampaikan keluhan, konflik, serta perbedaan pendapat tentang pelayanan pasien. Rumah sakit juga menginformasikan tentang hak pasien untuk berpartisipasi dalam proses ini.
4. Memberi tahu semua pasien tentang hak dan kewajiban dengan metode dan bahasa yang mudah dimengerti.
5. Menerapkan prosedur pendaftaran dengan tertib pada setiap rawat jalan maupun rawat inap melalui permintaan penandatanganan persetujuan umum (*general consent*) dengan cakup dan batasan persetujuan sebagai berikut:
   a. Penetapan regulasi pelaksanaan persetujuan khusus (*informed consent*) oleh DPJP dan dapat dibantu oleh staf yang terlatih dengan bahasa yang mudah dimengerti sesuai dengan peraturan perundang-undangan.
   b. Permintaan persetujuan khusus (*informed consent*) diberikan sebelum operasi, anestesi (termasuk sedasi), pemakaian darah dan produk darah, tindakan dan prosedur, serta pengobatan lain dengan risiko tinggi yang ditetapkan oleh regulasi rumah sakit.
   c. Penetapan proses dalam konteks peraturan perundang-undangan siapa pengganti pasien yang dapat memberikan persetujuan dalam persetujuan khusus (*informed consent*) bila pasien tidak kompeten.
6. Pimpinan rumah sakit bertanggung jawab untuk melindungi manusia/pasien sebagai subjek penelitian melalui:
   a. Mematuhi semua peraturan dan persyaratan penelitian/kode etik profesi serta kode etik penelitian dan menyediakan sumber daya yang layak agar program penelitian dapat berjalan dengan efektif.
   b. Memberikan penjelasan kepada pasien dan keluarganya tentang bagaimana cara mendapatkan akses untuk penelitian/uji klinis (*clinical trial*) yang melibatkan manusia sebagai subjek.
   c. Memberikan penjelasan kepada pasien dan keluarganya tentang bagaimana pasien ikut berpartisipasi dalam penelitian/uji klinis (*clinical trial*) mendapatkan perlindungan.

b. Providing information to patients and families about the illness, action plans, and the DPJP and PPA so that they can decide on care.
c. Respect the wishes and choices of patients to refuse resuscitation services, delay or release basic life support (do not resuscitate/DNR).
d. Support the patient's right to appropriate pain assessment and management.
e. Support the right of patients to receive respectful and compassionate services at the end of their lives.

3. Provide explanations to patients and their families about the process to receive, respond to, and follow up if there are patients who submit complaints, conflicts, and differences of opinion about patient services. The hospital also informs about the patient's right to participate in this process.
4. Inform all patients about their rights and obligations with methods and language that are easy to understand.
5. Implement an orderly registration procedure for every outpatient or inpatient through a request for the signing of general consent with the following scope and approval limits:
   a. Stipulation of regulations on the implementation of special approval (informed consent) by DPJP and can be assisted by trained staff in language that is easily understood in accordance with statutory regulations.
   b. Requests for special consent (informed consent) are given before surgery, anesthesia (including sedation), use of blood and blood products, actions and procedures, as well as other high-risk treatments determined by hospital regulations.
   c. Determination of the process in the context of legislation regarding patient representative who can give special consent (informed consent) if the patient is incompetent.
6. Hospital leaders are responsible for protecting humans/patients as research subjects by:
   a. Complying with all regulations and research requirements/professional code of ethics and research code of ethics and provide adequate resources for the research program to run effectively.
   b. Providing explanations to patients and their families about how to get access to research/clinical trials involving humans as subjects.
   c. Providing an explanation to patients and their families about how patients participating in research/clinical trials obtain protection.

d. Perolehan persetujuan khusus (*informed consent*) penelitian wajib dilakukan sebelum pasien berpartisipasi dalam penelitian/uji klinis (*clinical trial*).

Mekanisme Pengaduan Konsumen dan Tindak Lanjutnya

1. Kepala Manajemen Bisnis Unit Usaha Pertamedika menunjuk satu personil sebagai penanggung jawab (PIC) untuk melakukan penanganan keluhan pelanggan di Unit Usaha Pertamedika.
2. PIC menerima keluhan pelanggan, baik melalui telepon, surat atau faksimile, media sosial, pengunjung rawat jalan maupun rawat inap.
3. PIC mendengarkan dan mencatat keluhan tersebut pada formulir laporan manajemen penanganan komplain dan memberikan respons pada saat itu juga kepada pelanggan, bahwa keluhan telah diterima.
4. PIC akan menyelesaikan keluhan pelanggan saat itu juga. Apabila belum terselesaikan, maka PIC tersebut akan menyerahkan ke atasannya langsung (Kepala Manajemen Bisnis Unit Usaha).
5. Kepala Manajemen Bisnis akan menerima dan memeriksa isi keluhan pelanggan.
6. Jika keluhan diterima dalam bentuk faksimile atau surat dan media sosial, bukti keluhan tersebut dapat dilampirkan dan disertakan juga pada formulir penanganan keluhan pelanggan.
7. Dengarkan keluhan pelanggan dengan saksama dan tidak memotong pembicaraan (pasien dibiarkan mengeluarkan keluhan sampai selesai).
8. Catat semua keluhan yang pasien/keluarga sampaikan dan simpulkan inti dari pokok masalahnya.
9. PIC meneruskan formulir laporan penanganan *complain* kepada kepala manajemen bisnis.
10. Jika keluhan pelanggan langsung dapat diselesaikan bersama, maka fungsi terkait menginstruksikan kepada PIC untuk mendata dalam formulir laporan manajemen pengendalian komplain.
11. Apabila komplain tidak bisa diselesaikan pada hari itu, semua komplain harus diselesaikan dalam waktu 7 (tujuh) hari kerja. Apabila diperlukan waktu lebih dari yang ditentukan, maka harus ada pemberitahuan tertulis dari manajemen komplain kepada kepala pasien/keluarga.
12. PIC terkait setelah menerima formulir laporan penanganan komplain akan melakukan investigasi atas keluhan tersebut dan hasil investigasi dicatat di dalam formulir tersebut sekaligus menentukan tindak lanjut dan batas waktu penyelesaian.

d. Obtaining an informed consent is mandatory before the patient participates in the research/clinical trial.

Customer Complaint Mechanism and Its Follow-Up

1. The Head of Business Management of the Pertamedika Business Unit appoints one person in charge (PIC) to handle customer complaints at the Pertamedika Business Unit.
2. The PIC receives customer complaints, either by telephone, letter or facsimile, social media, and both outpatient and inpatient visitors.
3. The PIC listens and records the complaint on the complaint handling management report form and responds immediately to the customer, that the complaint has been received.
4. The PIC will resolve the customer complaint on the spot. If it has not been resolved, the PIC will be handed the complaint over to the immediate supervisor (Head of Business Unit Business Management).
5. The Head of Business Management will receive and examine the content of the customer complaint.
6. If the complaint is received in the form of facsimile or letter and on social media, evidence of the complaint can be attached and included in the customer complaint handling form.
7. Listen to customer complaints carefully and do not interrupt the conversation (patients are allowed to issue complaints until they are finished).
8. Record all complaints that the patient / family convey and summarize the essence of the problem.
9. The PIC forwards the complaint handling report form to the head of business management.
10. If the customer complaint can be resolved through joint efforts, the related function instructs the PIC to record it in the complaint control management report form.
11. If the complaint cannot be resolved on that day, all complaints must be resolved within 7 (seven) working days. If more time is needed than the specified time, there must be a written notification from the complaint management to the head of the patient/family.
12. The relevant PIC, after receiving the complaint handling report form will investigate the complaint and the results of the investigation are recorded in the form as well as determine the follow-up and deadline for completion.

13. PIC yang ditunjuk segera menginformasikan tindak lanjut penyelesaian dan batas waktu penyelesaian kepada pelanggan.
14. Apabila pasien merasa tidak puas dengan solusi dari tim manajemen komplain, maka komplain akan diajukan kepada Direktur Unit Usaha untuk menemukan jalan keluar dari komplain yang diajukan.
15. Kepala Manajemen Bisnis Unit Usaha akan mengumpulkan data komplain yang masuk dan melaporkan setiap bulan kepada Direktur Unit.
16. Direktur Unit akan melaporkan kepada fungsi *Customer Care Corporate*.
17. Fungsi *Customer Care Corporate* akan menerima laporan manajemen penanganan komplain dan akan meneruskan kepada VP Operasional untuk perbaikan mutu pelayanan rumah sakit.

13. The appointed PIC immediately informs the customer of the follow-up for completion and completion deadline.
14. If the patient is not satisfied with the solution from the complaint management team, the complaint will be submitted to the Director of the Business Unit to find a way out of the complaint submitted.
15. The Head of Business Management of the Business Unit will collect data on incoming complaints and report monthly to the Unit Director.
16. The Unit Director will report to the Corporate Customer Care function.
17. The Corporate Customer Care function will receive a complaint handling management report and will forward it to the VP of Operations to improve the quality of hospital services.

Dampak TJSL terkait Perlindungan Konsumen

Komitmen Pertamedika IHC terhadap perlindungan pasien dan keluarga baik secara langsung maupun tidak langsung berdampak terhadap kinerja keberlanjutan Perseroan, salah satunya terlihat dari tidak terdapatnya pengaduan konsumen terkait bocornya data dan privasi pasien sepanjang 2021.

TJSL Impact on Consumer Protection

Pertamedika IHC's commitment to patient and family protection both directly and indirectly has an impact on the Company's sustainability performance, among others as evident in the absence of consumer complaints related to data leakage and patient privacy throughout 2021.

SURAT PERNYATAAN DEWAN KOMISARIS TENTANG TANGGUNG JAWAB ATAS LAPORAN TAHUNAN 2021 PT PERTAMINA BINA MEDIKA IHC

RESPONSIBILITY STATEMENT OF BOARD OF COMMISSIONERS REGARDING PT PERTAMINA BINA MEDIKA IHC 2021 ANNUAL REPORT

Kami yang bertanda tangan di bawah ini menyatakan bahwa semua informasi dalam Laporan Tahunan PT Pertamina Bina Medika IHC tahun 2021 telah dimuat secara lengkap dan bertanggung jawab penuh atas kebenaran isi laporan tahunan dan laporan keuangan perusahaan.

Demikian pernyataan ini dibuat dengan sebenarnya.

We the undersigned hereby confirm that all information in the Annual Report of PT Pertamina Bina Medika IHC for 2021 is presented in its entirety and we are fully responsible for the correctness of the contents in the Annual Report and Financial Report of the Company.

This statement is hereby made in all truthfulness.

Jakarta, April 2022 / April, 2022

Dewan Komisaris
Board of Commissioners

Farid Harianto:
Komisaris Utama
President Commissioner
24 Juni 2020 - Sekarang (Periode Pertama)
June 24, 2020 - Present (First Period)

Dante Saksono Harbuwono
Komisaris
Commissioner
24 Juni 2020 - Sekarang (Periode Pertama)
June 24, 2020 - Present (First Period)

Henry Hendrawan
Komisaris Independen
Independent Commissioner
9 Juni 2021 - Sekarang (Periode Pertama)
June 9, 2021 - Present (First Period)

Iman Rachman
Komisaris
Commissioner
9 Juni 2021 - Sekarang (Periode Pertama)
June 9, 2021 - Present (First Period)

SURAT PERNYATAAN DIREKSI TENTANG TANGGUNG JAWAB ATAS LAPORAN TAHUNAN 2021 PT PERTAMINA BINA MEDIKA IHC

RESPONSIBILITY STATEMENT OF BOARD OF DIRECTORS REGARDING PT PERTAMINA BINA MEDIKA IHC 2021 ANNUAL REPORT

Kami yang bertanda tangan di bawah ini menyatakan bahwa semua informasi dalam Laporan Tahunan PT Pertamina Bina Medika IHC tahun 2021 telah dimuat secara lengkap dan bertanggung jawab penuh atas kebenaran isi laporan tahunan dan laporan keuangan perusahaan.

Demikian pernyataan ini dibuat dengan sebenarnya.

We the undersigned hereby confirm that all information in the Annual Report of PT Pertamina Bina Medika IHC for 2021 is presented in its entirety and we are fully responsible for the correctness of the contents in the Annual Report and Financial Report of the Company.

This statement is hereby made in all truthfulness.

Jakarta, April 2022 / April, 2022

Direksi
Board of Directors

Fathema Djan Rachmat
Direktur Utama
President Director
21 Juni 2019 - Sekarang (Periode Pertama)
June 21, 2019 - Present (First Period)

Budiraharjo Legowo
Direktur Keuangan dan Manajemen Risiko
Director of Finane and Risk Management
9 Juni 2021 - Sekarang (Periode Pertama)
June 9, 2021 - Present (First Period)

Asep Saepul Rohmat
Direktur Medis
Director of Medic
23 Maret 2021 - Sekarang (Periode Pertama)
March 23, 2021 - Present (First Period)

Mira Dyah Wahyuni
Direktur Operasi
Director of Operation
9 Juni 2021 - Sekarang (Periode Pertama)
June 9, 2021 - Present (First Period)

Catur Dermawan
Direktur Keuangan
Director of Finane
19 Juni 2019 - 9 Juni 2021
June 19, 2019 - June 9, 2021

Antonius Rainier Haryanto
Direktur Transformasi Bisnis
Director of Business Transformation
24 Juni 2020 - 9 Juni 2021
June 24, 2020 - June 9, 2021

08

LAPORAN KEUANGAN

Financial Report

A.11111101
1.AA
00.1
00.100
AA0.1101111
10.110001

Halaman ini sengaja dikosongkan

This page is intentionally left blank