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An Analysis of the Feasibility Study for the Development of Darul Arqam Primary Inpatient Clinic in Garut Regency

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A B S T R A C T :

The Darul Arqam Clinic is one of the Muhammadiyah health enterprises established and managed by the Darul Arqam Muhammadiyah Islamic Boarding School in Garut Regency, West Java, Indonesia. Since its inception in 1988, the clinic has continued to expand its healthcare services. As part of its ongoing development, the Growing Clinic Program was initiated to transform the Darul Arqam Outpatient Primary Clinic into an Inpatient Primary Clinic, with the long-term objective of evolving into a Type D Hospital. This initiative responds to the increasing demand for inpatient care in Garut Regency. This study aims to assess the feasibility of developing the Darul Arqam Inpatient Primary Clinic based on five key dimensions: marketing, operations management, human resource management, legal compliance, and financial management. The research adopts a descriptive approach using mixed methods, integrating both qualitative and quantitative analyses. Primary and secondary data were collected through interviews, document reviews, and observations. The findings reveal that, from a marketing perspective, there is significant market potential characterized by high demand and well-structured marketing strategies. Operationally, the availability of land, the planned 10-bed inpatient capacity, and adequate infrastructure and medical equipment support the clinic's service expansion. The human resource aspect demonstrates alignment between required staff competencies and projected needs. From a legal standpoint, the transition from an outpatient to an inpatient primary clinic adheres to regional regulatory standards. Financially, the investment is viable, with a payback period shorter than the project duration and a positive net present value (NPV). Overall, the development of the Darul Arqam Inpatient Primary Clinic is deemed feasible and is expected to generate substantial financial returns as well as broader social benefits for the community.

Keywords: Feasibility study, clinic, inpatient primary clinic.

1. Introduction

The amendment of the 1945 Constitution of the Republic of Indonesia, specifically Article 28H paragraph (1), affirms that every person has the right to obtain healthcare services. Furthermore, Article 34 paragraph (3) stipulates that the state bears responsibility for providing adequate healthcare and public service facilities. Law Number 17 of 2023 concerning Health reinforces this constitutional mandate by asserting that public health development in Indonesia aims to enhance national health resilience and self-reliance. The law promotes the advancement of the national health industry at regional and global levels, while ensuring the provision of safe, high-quality, and affordable health services for all citizens in order to improve quality of life (Republic of Indonesia, 2023).

Law Number 17 of 2023 also defines health service facilities as places and/or instruments used to provide health services to individuals or communities through promotive, preventive, curative, rehabilitative, and palliative approaches. These facilities may be established and managed by the central government, local governments, or the community. The law further encourages community participation in the establishment and development of both primary and secondary healthcare facilities, including the fulfilment of human resources, infrastructure, and medical equipment needs, with special attention to remote, border, and island regions, as well as educational institutions (Ministry of Health, 2023).

Primary healthcare facilities are the first level of service in the healthcare system, including community health centres (*Puskesmas*), primary clinics (*Klinik Pratama*), and independent medical or health practitioner practices. They serve as the closest point of access for communities and act as the first contact within the national health system. Primary care services are designed to be comprehensive and integrated, aiming to meet health needs across all stages of life, address social, economic, and environmental determinants of health, and strengthen the resilience of individuals, families, and communities (World Health Organization, 2021).

Given these functions, the establishment or development of a clinic requires a systematic and evidence-based process through a detailed feasibility study. Such a study provides a multidimensional analysis covering various aspects that underpin the establishment or expansion of a clinic. The type and scope of the clinic should be determined through market research and competitor mapping to ensure alignment with community needs and healthcare demand (Budiarto & Sari, 2022).

According to the Ministry of Health Regulation Number 14 of 2021, a clinic is defined as a healthcare facility that provides basic and/or specialized medical services. Clinics are categorized into primary clinics and main clinics, both of which may provide outpatient or inpatient services. In terms of investment ownership, clinics are classified as Domestic Investment Clinics or Foreign Investment Clinics. Data from the Garut Branch of the Indonesian

Clinic Association in 2023 recorded a total of 160 clinics in Garut Regency, indicating a growing landscape of private healthcare provision, yet still concentrated in urban areas with uneven access across subdistricts (PC ASKLIN Garut, 2023).

The Darul Arqam Clinic represents one of the Muhammadiyah health enterprises established and managed by the Darul Arqam Muhammadiyah Islamic Boarding School in Garut Regency. The clinic's origins trace back to 1988, when it was founded as medicinal centre of *Darul Arqam* in a modest facility beside the mosque. Initially serving religious school students (*santri*) and residents of the boarding school, it gradually expanded to accommodate the surrounding community. In 2002, the clinic received a significant development grant from the West Java Province Government, which included a new building and supporting medical equipment. The facility was subsequently renamed *Balai Pengobatan Pos Kesehatan Pesantren (BP Poskestren)* and placed under the managerial authority of the Darul Arqam Islamic Boarding School Leadership (Darul Arqam Clinic Development Report, 2023).

In 2005, the boarding school leadership granted full operational autonomy to the Head of BP Darul Arqam, a decision that accelerated the clinic's growth. The following years saw the acquisition of dental and midwifery equipment, the construction of a new building, and the donation of an ambulance in 2009. In 2013, the clinic's legal status changed to Primary Outpatient Clinic, and in 2016 it was officially accredited as a First-Level Health Facility by the National Health Insurance (*BPJS Kesehatan*). Subsequent developments included partnerships for medical waste management, the addition of a dental unit through waqf contributions, and facility renovation for maternal and child health services. In 2020, the clinic obtained a grant from the Embassy of Japan in Indonesia for further renovation and procurement of medical equipment. By 2023, Darul Arqam Clinic achieved the highest-level of accreditation outcome, demonstrating its compliance with national healthcare quality standards (Darul Arqam Annual Report, 2023).

Currently, the clinic operates six days per week, from Saturday to Thursday, and is closed on Fridays and national holidays. Operating hours have expanded from six hours per day (1988–2016) to ten and a half hours per day (since 2018), reflecting growing service demand. The clinic provides general practice, dental, maternal and child health, laboratory, and 24-hour on-call delivery services. It serves both general patients and those enrolled in the national health insurance program. The workforce consists of professional health personnel including one medical director, two general practitioners, two dentists, two nurses, one dental therapist, two midwives, two medical laboratory technologists, one pharmacist, and one pharmacy assistant. Over the years, the steady increase in patient visits has reflected rising public trust and satisfaction with the clinic's performance (Darul Arqam Development Report, 2023).

The clinic is located in Ngamplangsari Village, Cilawu District, Garut Regency, directly adjacent to the town centre. Its strategic position places it within a five-kilometer radius of Garut City, Karangpawitan, and Tarogong Kidul Districts, providing a potential catchment area beyond its immediate surroundings. Cilawu District covers an area of approximately 66.41 square kilometers, consisting of 18 villages characterized by a mix of mountainous terrain, rice fields, and densely populated residential zones bordering Garut Kota. According to the Central Bureau of Statistics (2024), the population of Cilawu District totals 107,975, comprising 54,108 males and 53,867 females. This demographic composition suggests a substantial and growing need for accessible, quality healthcare services, particularly as population density increases and disease patterns become more complex. Field data collected in 2024 revealed that Cilawu District currently has only three primary-level healthcare facilities providing inpatient services: the UPT Cilawu Community Health Center (Puskesmas) with 22 beds, Klinik Cihideung with 8 beds, and Klinik Achlan Medika with 10 beds, totalling 40 beds across the district. The Puskesmas, as a government-owned facility, provides broad coverage but is limited in capacity and specialization, focusing mainly on promotive and preventive care. The two private clinics provide general and minor emergency care but lack comprehensive maternity, laboratory, and specialist services. This limited capacity forces many patients to seek treatment at hospitals in Garut Kota, contributing to significant patient outflow from Cilawu District. According to the Ministry of Health's standard ratio of one hospital bed per 1,000 residents, Cilawu District ideally requires at least 108 inpatient beds. With only 40 currently available, there is a shortfall of 68 beds. Furthermore, the spatial distribution of these facilities is uneven, as most are concentrated in central areas, while peripheral and highland villages experience limited access. Patients in these regions often face long travel distances for inpatient services, which poses risks in emergency situations. The healthcare needs of the Darul Arqam Muhammadiyah Islamic Boarding School community add to this local service gap. With approximately 1,500 students and residents requiring continuous and integrated care, the demand for accessible inpatient services is significant.

Based on competitor and market analysis, several service gaps can be identified in Cilawu District. First, the total inpatient capacity is far below the ideal ratio, creating a substantial unmet need. Second, there is a lack of specialized, community-based health services such as student health programs, adolescent nutrition services, and maternal care with efficient referral systems. Third, the geographical concentration of facilities limits equitable access, especially for residents in remote villages. Fourth, the high rate of patient referrals to hospitals in Garut City reflects systemic capacity limitations. Finally, there exists an untapped potential market from the educational and boarding school environment surrounding Darul Arqam, which can sustain demand for continuous and preventive healthcare services. In light of these findings, the development of the Darul Arqam Primary Outpatient Clinic into an Inpatient Primary Clinic holds strategic importance. It is expected not only to meet the unmet demand for inpatient care in Cilawu District but also to strengthen community-based health service provision, particularly for the pesantren and surrounding rural population. Conducting a comprehensive feasibility study is therefore essential to evaluate market potential, investment viability, and implementation readiness to ensure sustainable and equitable healthcare development in the region.

2. Literature Review

2.1. Feasibility Study of Clinic Development

A business feasibility study for a clinic is a comprehensive analytical process designed to assess the foundational aspects of establishing or developing a healthcare facility. The primary objective of such a study is to evaluate the extent to which a new or expanded health service plan can be implemented effectively and sustainably while delivering optimal benefits to the community. In its formulation, a feasibility study follows several interrelated and complementary stages.

The first stage is the preparatory phase, which involves the collection and processing of both primary and secondary data. Primary data are obtained through direct field observations to gain an accurate understanding of the conditions within the planned development area. In addition, open interviews are conducted with relevant stakeholders, government agencies, and community members who use clinical services to gather in-depth qualitative insights. Secondary data are compiled from relevant institutions, literature, and internal documents of the clinic being planned or other clinics operating in the surrounding area. The next stage is the situational analysis, which identifies internal and external factors that may affect the success of the clinic. External factors include environmental opportunities and threats, while internal factors comprise the strengths and weaknesses inherent in the clinic's organization. This analysis is often supported by data projections or forecasting to illustrate emerging trends and future conditions. Following this is the demand analysis, which evaluates the clinic's feasibility by identifying internal and external determinants affecting its market position. The purpose is to recognize the clinic's strengths, weaknesses, opportunities, and threats, which then form the basis for developing strategies that optimize potential advantages while minimizing risks and vulnerabilities.

The needs analysis stage determines the infrastructure, facilities, and human resources required for the clinic to operate according to projected demand. This analysis provides a clear direction for the development of the clinic in terms of service capacity, physical infrastructure, and staffing requirements. Subsequently, the financial analysis assesses the use of financial resources, investment costs, operating expenses, and potential revenue streams. This stage helps owners and investors evaluate the project's rate of return and understand the risks and benefits associated with the proposed investment. The outcome is used to determine the project's economic viability and sustainability. Upon completion of all analytical stages, findings are summarized into conclusions and recommendations. The conclusion section provides a comprehensive overview of the feasibility based on four major aspects: situational, demand, needs, and financial analysis. The recommendation section outlines the strategic steps necessary for implementing the study's findings in clinic development and management plans. Through a feasibility study, stakeholders can obtain an integrated picture of the business prospects, potential obstacles, and strategic approaches required to ensure the continuity and success of the clinic's operations. The final product is a written report containing a comprehensive business plan supported by quantitative and qualitative evidence. Based on the study's results, decision-makers can determine whether the project is viable. Feasibility in this context refers to the readiness of the clinic to operate efficiently, providing returns commensurate with the investment, both in financial terms and social value for the wider community.

2.2. The Islamic Perspective

In Islamic thought, business activity is an integral part of *the way of life* (*syumuliyatul Islam*) governed by legal and ethical principles. One of the key tenets in Islamic business ethics is the concept of free will, or *ikhtiyar*. Humans are endowed with the ability to think, choose, and act consciously; however, this freedom is always accompanied by moral and spiritual responsibility before Allah. As stated in the Qur'an, Surah Al-Isra (17:15):

"Whoever follows the right path, it is for his own benefit; and whoever goes astray, it is to his own detriment. No bearer of burdens shall bear the burden of another, and We never punish until We have sent a messenger."

This verse emphasizes that freedom in business must be exercised within the ethical boundaries of Islam—upholding honesty, justice, and accountability. Therefore, any business endeavour, including the establishment or development of a clinic, should be based on a well-considered feasibility assessment to ensure that the enterprise not only yields economic profit but also generates broad social benefits. Such endeavours embody social worship (*ibadah ijtima'iyyah*) and contribute to societal welfare in a manner that earns the pleasure of Allah SWT.

2.3. Aspects of the Clinic Feasibility Study

According to the *Guidelines for Hospital Feasibility Studies* issued by the Indonesian Ministry of Health (2012), a feasibility study is a comprehensive analysis designed to evaluate whether the construction or development of a healthcare facility, such as a clinic, is viable from multiple dimensions. It does not merely assess financial aspects but also examines environmental, managerial, human resource, legal, and operational factors, including projections of future needs and potential risks. In general, there are five principal aspects of analysis in a clinic feasibility study: marketing, operations management, human resource management, legal compliance, and financial management.

1. **Marketing Aspect**
   The marketing analysis assesses market opportunities and the clinic's sustainability prospects in meeting community healthcare needs. This includes market research that evaluates relevant marketing information systems, projected demand, and the competitive landscape of healthcare providers within the target region. Key components include consumer needs and preferences, market segmentation and targeting, value-added services, product or service life cycle, market structure, competitor strategies, market size and growth rate, and potential market share. The analysis typically employs the SWOT (Strengths, Weaknesses, Opportunities, Threats) framework to assess internal and external factors influencing the clinic's competitive positioning. External analysis considers government policies and local regulations related to clinic establishment, demographic and population growth trends, geographic location and accessibility, socioeconomic and cultural characteristics of the community, and the availability of healthcare professionals in the region. Public health indicators also serve as vital references in determining the types of services required. Internal analysis focuses on existing healthcare facilities, prevalent disease patterns, readiness of technology and human resources, organizational structure, and financial performance, all of which reflect the clinic's internal capacity and constraints.
2. **Operations Management Aspect**
   The operations management aspect evaluates the efficiency and effectiveness of clinical service delivery. This includes analysis of location and land area, bed capacity, types of services offered, spatial requirements, and availability of medical and non-medical equipment. Site selection must consider accessibility, infrastructure support, and spatial planning compliance. Bed capacity is determined according to the Ministry of Health Regulation No. 14 of 2021, which stipulates an ideal ratio of one bed per 1,000 residents. Facility planning must meet minimum space requirements for registration, administration, consultation, treatment, inpatient care, pharmacy, laboratory, and supporting facilities. The adequacy and suitability

of medical equipment are also evaluated in relation to the clinic's classification, either primary or main. Operational assessments include evaluating workflow efficiency, patient flow management, and adherence to national healthcare quality standards.

3. **Human Resource Management Aspect**
   Human resources are critical to the operational success of a clinic. This aspect examines the availability, competence, and efficiency of personnel needed for the planned services. According to Ministry of Health standards, inpatient clinics must employ a minimum of general practitioners, dentists, pharmacists, nurses, nutritionists, laboratory technicians, and administrative staff. The analysis also evaluates organizational structure, role distribution, workload balance, recruitment planning, and training programs. Efficient human resource utilization is emphasized to ensure optimal operations without excessive costs.
4. **Legal and Regulatory Aspect**
   This aspect ensures that all development and operational activities comply with applicable legal and regulatory frameworks. It involves verification of building permits, operational licenses, environmental requirements, and spatial conformity. The licensing system in Indonesia operates under the Online Single Submission (OSS) mechanism, following a Risk-Based Licensing Approach. Clinic operations fall within the medium-to-high-risk category, requiring the fulfilment of various administrative and technical requirements under prevailing health regulations.
5. **Financial Management Aspect**
   Financial analysis is the core of the feasibility study, assessing whether the clinic project is financially viable and sustainable. It includes planning investment costs, revenue and expenditure projections, cash flow estimation, and investment feasibility indicators such as Net Present Value (NPV), Payback Period (PP), and Break-Even Point (BEP). A positive NPV indicates economic feasibility, while the Payback Period determines the time required to recover the initial investment through net cash inflows. Financial projections also consider funding sources, such as internal capital, grants, or loans, and estimate operational costs, including salaries, maintenance, utilities, and marketing expenses. The projected income statement and cash flow analysis form the basis for assessing investment decisions and long-term business sustainability.

3. Research Method

This study employed a descriptive research design aimed at analysing the feasibility of developing *Klinik Pratama Rawat Jalan Darul Arqam* into an *Inpatient Primary Clinic* in Garut Regency. The research used a mixed-method approach that combined quantitative and qualitative techniques to achieve a comprehensive understanding of the feasibility analysis across five major aspects: marketing, operational management, human resource management, legal compliance, and financial management (Bidjaksana & Sri, 2024:45).

The quantitative component was used to evaluate measurable indicators such as market potential, population coverage, bed capacity, and financial viability. Meanwhile, the qualitative component was designed to explore non-quantifiable dimensions including management readiness, operational efficiency, organizational structure, and conformity with health regulations (Bidjaksana & Sri, 2024:139). The integration of both methods allowed for a balanced analysis, ensuring that numerical evidence was supported by contextual understanding drawn from field conditions. Data for this study consisted of both primary and secondary sources. Primary data were obtained through field observation, in-depth interviews, and surveys conducted with key stakeholders such as the clinic management, local government officials, community leaders, and health practitioners. Secondary data were gathered from existing institutional records, regulatory documents, government health statistics, and relevant literature, including the Feasibility Guidance Book issued by the Ministry of Health (2012) and related research reports (Supardi, 2013).

Respondents were selected using purposive sampling, emphasizing the relevance of their knowledge and authority rather than numerical representation. The inclusion of multiple stakeholder perspectives ensured that the data reflected not only the internal capacity of the clinic but also the broader community and institutional context in which the development would occur. Data collection was carried out through three primary methods: interviews, document review, and observation. Interviews were used to explore perceptions regarding the feasibility of clinic development, service readiness, and the regulatory environment. Document review provided supporting evidence related to operational performance, financial records, and compliance status. Field observation allowed the researcher to verify actual conditions such as building structure, accessibility, and the adequacy of existing medical facilities.

To ensure data validity and reliability, the study implemented a triangulation strategy. Triangulation was conducted across three dimensions: source triangulation, method triangulation, and time triangulation. Source triangulation was achieved by collecting information from various informants with different institutional backgrounds. Method triangulation was applied by comparing findings obtained through interviews, observations, and document analysis to identify convergences and discrepancies. Time triangulation was used by conducting data collection at different periods to ensure consistency and accuracy over time. This approach strengthened the credibility of findings and reduced potential researcher bias by confirming data through multiple perspectives and methods.

Data analysis was performed through a combination of quantitative and qualitative procedures. Quantitative data were analysed using descriptive statistical methods to evaluate indicators such as market size, investment value, and financial performance through Net Present Value (NPV), Payback Period (PP), and Break-Even Point (BEP) calculations. Qualitative data were analysed through an inductive process involving data reduction, categorization, and interpretation to identify key themes related to operational feasibility, human resources, and legal compliance. The integration of both analytical approaches produced a comprehensive understanding of the clinic's feasibility and provided a solid foundation for decision-making regarding its development plan. Through this methodological framework, the study aimed to generate valid, reliable, and actionable insights into the feasibility of developing *Klinik Pratama Rawat Jalan Darul Arqam* into an *Inpatient Primary Clinic*, ensuring that all findings were supported by triangulated evidence and consistent with empirical field conditions.

4. Results and Discussion

The findings of this study indicate that the development of *Klinik Pratama Rawat Jalan Darul Arqam* into an *Inpatient Primary Clinic* in Garut Regency is feasible from all major dimensions of analysis, including marketing, operations, human resource management, legal compliance, and financial management. Overall, the feasibility assessment demonstrates that the clinic has adequate market potential, operational readiness, regulatory conformity, and financial viability to support the proposed expansion. From the financial perspective, the feasibility indicators show promising results. The investment analysis reveals a Payback Period (PP) of 7.4 years and a positive Net Present Value (NPV) of IDR 191,587,463 at a 10% discount rate. These results imply that the project is capable of returning its investment within a reasonable timeframe and generating positive economic value. The financial performance suggests that the expansion will not only accelerate capital recovery but also enhance the clinic's long-term profitability and sustainability.

From an operational and legal standpoint, *Klinik Pratama Darul Arqam* demonstrates substantial readiness to advance from an outpatient to an inpatient service model, in accordance with the standards established under the Indonesian Ministry of Health Regulation No. 14 of 2021 concerning the classification and standardization of primary healthcare facilities. The clinic has fulfilled the principal regulatory requirements that govern infrastructure adequacy, service delivery systems, and staffing composition. Physical inspection and documentation review confirm that the clinic's existing building meets essential structural and spatial requirements, including room size, ventilation, lighting, sanitation, and patient accessibility standards. The facility layout allows for clear separation between administrative, clinical, and inpatient areas, ensuring patient privacy and infection control compliance.

In terms of utilities and supporting infrastructure, the clinic has secured reliable access to clean water, electricity, and medical waste management systems. The environmental health and safety standards, as required by regional public health offices, have also been met through proper installation of drainage, biomedical waste disposal, and ventilation systems. The clinic's adherence to fire safety and emergency evacuation protocols further reinforces its operational preparedness for inpatient activities. Moreover, the availability of auxiliary facilities such as pharmacies, laboratories, and minor procedure rooms supports the integration of multidisciplinary healthcare services, enabling comprehensive treatment continuity from consultation to recovery.

Operational management systems have undergone significant review and realignment to ensure compliance with both national and local service quality standards. This includes the standardization of patient admission and discharge procedures, development of clinical pathways, and documentation in accordance with Ministry of Health service guidelines. The clinic has also begun integrating a digital-based medical record system designed to enhance patient data accuracy, expedite information retrieval, and facilitate monitoring of service performance indicators. This transition toward electronic health management aligns with the broader national health digitalization initiative and demonstrates institutional adaptability to regulatory and technological changes.

In the area of patient safety and quality assurance, the clinic has implemented a preliminary internal audit mechanism under the supervision of Muhammadiyah's regional health management board. This mechanism evaluates service consistency, clinical risk management, and compliance with infection prevention protocols. Additionally, the clinic has established a patient feedback and complaint handling system as part of its quality improvement program. Collectively, these measures not only strengthen the clinic's eligibility for an upgraded operational status but also position it as a compliant and quality-driven healthcare provider within Garut Regency.

From a marketing perspective, the analysis reveals strong potential and growing demand for inpatient healthcare services in the clinic's catchment area. The study examined several interrelated variables, including demographic structure, household income distribution, patient segmentation, and the spatial distribution of healthcare providers. Garut Regency, one of the most populous regions in West Java, has witnessed steady population growth with a relatively high dependency ratio. This demographic dynamic contributes to an increased need for accessible and affordable healthcare services, particularly inpatient facilities capable of accommodating patients from semi-urban and rural subdistricts.

Existing hospital data from the local health authority indicate a bed-to-population ratio significantly below the ideal standard of 1:1,000, as prescribed by the Ministry of Health. The shortage of inpatient capacity, especially in Muhammadiyah-managed and community-based health facilities, creates an unmet demand that *Klinik Darul Arqam* is strategically positioned to fulfil. Moreover, the clinic's geographic proximity to major transportation routes and community centres enhances its accessibility and visibility, two key determinants of patient utilization in primary-level healthcare settings.

The socioeconomic profile of the local population suggests that a large proportion of residents belong to the middle- and lower-income brackets, with limited ability to access private hospitals in urban centres. This condition aligns with the clinic's service philosophy of providing affordable, high-quality care based on Islamic values and community welfare principles. The study also highlights that the clinic's affiliation with Muhammadiyah Health Enterprises provides a built-in market advantage through organizational reputation, patient trust, and an established referral network from Muhammadiyah educational and social institutions. This network not only sustains a consistent patient inflow but also strengthens community-based health promotion and preventive initiatives, contributing to long-term brand credibility.

In analysing market competition, the study identified several public and private healthcare facilities operating within a 10–15 km radius of the clinic. However, most of these facilities are either general hospitals with limited bed availability or small-scale clinics offering specialized outpatient services. Field interviews reveal that many residents prefer seeking care at facilities associated with trusted religious or social organizations, suggesting that *Klinik Darul Arqam* possesses an inherent competitive advantage rooted in its faith-based community engagement.

To leverage this advantage, the marketing strategy emphasizes three primary pillars: service differentiation, affordability, and community integration. Service differentiation focuses on providing patient-centered care through shorter waiting times, transparent communication, and continuous monitoring of treatment outcomes. Affordability will be maintained through efficient cost management and integration with the national health insurance program (BPJS Kesehatan), ensuring accessibility for both insured and non-insured patients. Community integration strategies involve collaboration with local religious leaders, educational institutions, and social organizations to conduct health outreach programs, preventive screenings, and health education seminars.

Digital transformation is also identified as a key marketing driver. The clinic aims to expand its reach through online registration systems, teleconsultation services, and social media health campaigns that strengthen its presence among younger demographics. These strategies collectively reinforce *Klinik*

Darul Arqam's value proposition as an affordable, accessible, and community-oriented health provider committed to improving public health outcomes in Garut Regency.

Overall, the integrated operational, legal, and marketing analyses confirm that *Klinik Pratama Darul Arqam* is institutionally and strategically prepared to transition into an inpatient primary healthcare facility. Its regulatory compliance, infrastructural readiness, and strong market positioning form a coherent foundation for sustainable growth. Through continued emphasis on quality management, digital adaptation, and community engagement, the clinic is expected to play a significant role in addressing regional disparities in healthcare access while maintaining compliance with national health service standards and Islamic ethical values.

The operational management analysis focuses on evaluating the clinic's readiness and capacity to transition from an outpatient to an inpatient service model. The assessment covered physical infrastructure, utility systems, medical and non-medical equipment, as well as operational processes. The results show that *Klinik Darul Arqam* already possesses an adequate building structure that meets safety and health standards, including sufficient space for ten inpatient beds, a pharmacy unit, emergency facilities, and administrative offices. However, the study also recommends further enhancement of supporting infrastructure, such as waste management systems, ventilation and lighting improvements, and expansion of the laboratory and diagnostic areas to meet inpatient service requirements.

In terms of operational efficiency, the clinic demonstrates well-established workflows and a functional management hierarchy that can be adapted to inpatient operations with minimal structural modification. The adoption of standardized operating procedures (SOPs) aligned with the Ministry of Health's clinical service standards is essential to ensure patient safety and continuity of care. Moreover, the integration of digital health information systems is strongly encouraged to support real-time data management, reduce administrative delays, and enhance coordination between clinical and non-clinical units. Strengthening these operational foundations will be critical in maintaining service quality and operational sustainability as patient volume increases.

From the perspective of human resource management, the study assessed the adequacy, competency, and readiness of existing personnel. The clinic currently employs a balanced mix of medical and non-medical staff, including general practitioners, nurses, pharmacists, laboratory technicians, and administrative personnel. Nevertheless, the expansion into inpatient care requires additional qualified staff such as internal medicine specialists, anaesthesiologists, and trained inpatient nurses. Workforce planning must therefore anticipate both short-term staffing needs and long-term competency development.

Training and continuous professional development are identified as key elements to support the transition. The implementation of structured training modules, including patient safety, infection control, and electronic health record management, will be essential to improve service quality. In addition, the establishment of a transparent performance appraisal system and incentive mechanisms will help strengthen motivation and retention. By cultivating a high-performance culture based on professionalism, accountability, and teamwork, *Klinik Darul Arqam* can ensure operational stability and service excellence in the long run.

The legal and regulatory analysis confirms that the proposed development fully complies with Indonesia's prevailing legal framework for healthcare facilities. Based on the Indonesian Ministry of Health Regulation No. 14 of 2021 concerning the standards for clinic classification and service delivery, the clinic meets the essential criteria required for upgrading to inpatient status. These include building safety standards, staffing ratios, patient room facilities, and administrative documentation. Furthermore, the clinic has fulfilled environmental and waste management requirements as stipulated by local regulations. Compliance with these standards not only legitimizes the clinic's operational upgrade but also minimizes potential legal and administrative risks during the licensing process. Ensuring legal conformity also strengthens the clinic's credibility with local government agencies and health insurers, particularly in relation to BPJS Health partnerships and patient reimbursement mechanisms.

Financial feasibility remains a critical determinant of the project's overall viability. The financial analysis extends beyond basic investment appraisal to include detailed projections of cash inflows and outflows, operational costs, and sensitivity analysis under varying economic scenarios. The results demonstrate that the project is financially viable, with a positive Net Present Value (NPV) of IDR 191,587,463 calculated at a 10% discount rate and a Payback Period (PP) of 7.4 years. These figures indicate that the project will generate returns exceeding the cost of capital and recover investment within an acceptable timeframe.

In addition, revenue projections based on patient volume estimates show that the clinic's inpatient unit can achieve operational break-even within the first five years of operation, provided that occupancy rates remain above 70%. Sensitivity testing also reveals that even under conservative assumptions, such as a 10% increase in operational costs or a 15% decline in patient volume, the NPV remains positive, confirming the project's resilience. Financial sustainability is further supported by the clinic's diversified revenue streams, including outpatient services, laboratory diagnostics, and pharmacy sales, which can cross-subsidize initial inpatient operations during the early stages of implementation.

Taken together, these findings affirm that the proposed development of *Klinik Pratama Darul Arqam* is not only feasible but strategically advantageous. The clinic's strong market potential, operational preparedness, skilled workforce, legal compliance, and robust financial outlook collectively provide a comprehensive foundation for successful implementation. With targeted improvements in infrastructure, human resource capacity, and digital integration, the clinic is well-positioned to evolve into a sustainable and community-responsive inpatient healthcare provider in Garut Regency.

The findings of this study align closely with previous research. Septiawan et al. (2025), in their feasibility study of *Klinik Utama Mata Mitra Medika Bandung*, similarly concluded that development across marketing, technical, human resource, and financial aspects was feasible. Both studies emphasize the importance of operational preparedness and managerial efficiency as decisive factors in clinic development success. Likewise, the research by Noviana et al. (2025) on upgrading *Klinik Utama Cahaya Imani* to a Type D Hospital corroborates the present findings, particularly in financial viability. Their study found that indicators such as NPV, IRR, and PP all produced positive outcomes, supporting the conclusion that investment in healthcare facility development can yield substantial financial and social returns.

In another comparable case, Maknun et al. (2017) conducted a feasibility analysis of establishing a new branch of *Laboratorium Klinik Patra Medica* in Boyolali, finding similar results. Their study demonstrated that market demand, location suitability, cost efficiency, and compliance with health regulations all contributed to a positive feasibility outcome. These parallels reinforce the relevance of the current study's approach, especially in emphasizing market potential and cost management as key determinants of feasibility in healthcare development. Muttaqin (2024) also provides supporting evidence through his analysis of *Klinik Pratama Kasih Ibu*'s acquisition by *Rumah Sakit Umum Permata Blora*. The study found that

environmental and market factors, including demographics, BPJS Health participation rates, and clinic accessibility, play crucial roles in determining investment feasibility. Similar considerations were central to the *Klinik Darul Arqam* analysis, which evaluated both the demographic composition and competitive dynamics of its service area. Furthermore, research by Sintia Defi (2023) on the establishment of *Klinik Kecantikan L'Shinatia* in Semarang employed a combined qualitative–quantitative approach using SWOT analysis and financial indicators such as NPV, IRR, and the Profitability Index. The study concluded that all aspects met the feasibility criteria for development. This multidimensional analytical approach is consistent with the methodology applied in the present study, which integrates quantitative financial analysis with qualitative assessments of management, legal compliance, and market potential.

Overall, compared with existing literature, the study on *Klinik Pratama Rawat Inap Darul Arqam* presents a comprehensive and methodologically rigorous feasibility analysis that remains consistent with contemporary trends in healthcare investment studies. Its unique contribution lies in the integration of legal and human resource dimensions into the feasibility framework, areas that have received relatively limited attention in previous research. The findings not only validate the feasibility of the proposed development but also contribute to the advancement of practical models for healthcare feasibility studies in Indonesia. By emphasizing regulatory alignment, data-based management efficiency, and sustainable financial planning, this research provides a robust empirical foundation for future clinic development initiatives aimed at expanding equitable access to quality healthcare services.

5. Conclusion

The feasibility analysis of the development of Klinik Pratama Rawat Inap Darul Arqam in Garut Regency, assessed through five key dimensions including marketing, operational management, human resource management, legal compliance, and financial feasibility, demonstrates that the project is both viable and strategically beneficial. The findings collectively confirm that the proposed transition from an outpatient to an inpatient primary clinic is feasible to implement, offering not only financial profitability but also substantial social value aligned with the humanitarian ethos of Al-Ma'un that underpins Muhammadiyah's health mission. From the marketing perspective, the clinic shows strong potential for service expansion within a growing and underserved population segment. Its strategic location, established community trust, and effective outreach strategies position it to fill the gap in inpatient healthcare provision in Garut Regency. The operational feasibility assessment supports this conclusion by showing that the clinic possesses adequate infrastructure, medical equipment, and supporting facilities to accommodate inpatient services, including a 10-bed capacity and essential supporting units that meet healthcare service standards.

The human resource analysis indicates that the clinic's staffing composition, both in quantity and competency, meets the regulatory requirements for inpatient operations. The planned enhancement of 24-hour services and continuous professional development for healthcare personnel further ensure the sustainability of service quality. From a legal standpoint, the development complies fully with Indonesian Ministry of Health No. 14 of 2021, confirming that the clinic fulfils the administrative and technical standards required for upgrading its operational status. This legal compliance not only legitimizes its transition but also secures the foundation for long-term institutional stability. Financially, the investment is projected to be profitable as reflected by a positive Net Present Value (NPV) of IDR 191,587,463 and a Payback Period (PP) of 7.4 years, which is shorter than the project's expected 10-year lifecycle. These indicators affirm the project's economic soundness and its potential to generate sustainable returns while contributing to community welfare through affordable and accessible healthcare services.

In summary, the development of Klinik Pratama Rawat Inap Darul Arqam is considered highly feasible and strategically valuable, offering a dual impact in both financial viability and social benefit. The results of this study affirm that the clinic's transformation represents not merely a physical or structural expansion but also a strategic realignment of healthcare delivery that responds directly to the growing needs of the Garut community. By providing accessible, affordable, and high-quality inpatient services, the clinic has the potential to bridge the persistent gap between public demand and the limited supply of essential health facilities in the region. This initiative supports the broader agenda of equitable healthcare distribution and contributes to improving community health outcomes, particularly for low- and middle-income populations who remain underserved by existing institutions.

Furthermore, the development reinforces the role of Muhammadiyah Health Enterprises as a driving force in promoting socially responsible and faith-based healthcare innovation. By embodying the values of Al-Ma'un, which emphasize empathy, social justice, and service to humanity, the clinic's expansion reflects a synthesis of moral responsibility and modern management practices. This integration strengthens the alignment between religious ethics and professional excellence, demonstrating that healthcare institutions can achieve both economic sustainability and spiritual purpose without compromising quality or inclusivity. From an institutional perspective, the project positions Klinik Darul Arqam as a model of community-centered healthcare development that balances profitability with social mission. Its operational design, financial structure, and governance model provide a replicable framework for other Muhammadiyah-based or faith-inspired healthcare institutions seeking to scale their services responsibly. Moreover, the clinic's compliance with national regulations and adoption of modern health management systems signify its readiness to operate within Indonesia's evolving healthcare ecosystem, which increasingly emphasizes efficiency, transparency, and patient-centered care.

Ultimately, this development initiative encapsulates the principles of progressive healthcare transformation, where economic rationality harmonizes with ethical stewardship and community empowerment. Klinik Pratama Rawat Inap Darul Arqam is thus poised not only to enhance the standard of local health services but also to serve as a benchmark for sustainable, faith-driven healthcare models that contribute to the realization of Indonesia's long-term vision of equitable and inclusive public health.

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