The preparation of the Key Performance Indicator (KPI) clinical area in Aspects of Internal Hospital Business Processes the Balanced Scorecard (Case Study) Method in Public Hospital in The City of Surakarta

Author (Lilik Prabowo)
* Korespondensi Author: author@umy.ac.id
Yogyakarta Muhammadiyah University, Yogyakarta, Indonesia

INDEXING
Keywords:
descriptive;
qualitative;
KPI;
BSC;
reference;
accreditation;

ABSTRACT
This type of research is a qualitative study with a case study research design that aims to get an overview of the preparation of clinical area based Key Performance Indicator in Balanced Scorecard internal business process perspective as a performance measurement tool in Surakarta City General Hospital and a reference for the formation of subsequent hospital KPI and assist in the accreditation process hospital.

INTRODUCTION
There are many hospitals now in Indonesia although still not sufficient, but hospitals that can be said to be in accordance with the standards are still very minimal. Therefore, the Hospital Accreditation Commission (KARS) was formed which functions to accredit hospitals throughout Indonesia. With the existence of this KARS all hospitals now must follow the standards that have been set. One of the standards set by KARS is about Key Performance Indicators (KPI), this KPI is prepared based on the indicator data of each unit in the hospital, where so far there are still many hospitals that have never made data in writing, so this is a very good thing to apply. At present, there are already KPIs in the Surakarta Regional General Hospital, but they are still not perfect in terms of making and implementing them. This is why researchers made a thesis about the preparation of KPI at the Surakarta City Regional General Hospital, with the hope that researchers can help hospitals in evaluating existing KPIs and also indirectly assisting in the hospital accreditation process.

RESEARCH METHOD
This type of research is a qualitative study with a case study research design. In analyzing this research, the authors used secondary data in the form of hospital data. The subject of the study is the profile of public hospital in the city of Surakarta, the object is Key Performance Indicator, the operational definition are work program, Key Performance Indicator and Balanced Scorecard, measurement of variables are rules of the Hospital Accreditation Committee, unit data and minimum service standards, instruments of data collection are unit data that can come from SPM as a guide in related observations in collecting documents and rules from the Hospital Accreditation Committee. The collected data is reviewed and identified with the committee with meetings and discussions. The analysis was carried out by comparing the existing theories with the data obtained from the results of the case study data at Surakarta Public Hospital. The hypothesis is that the old Key Performance Indicator requires improvement and change.
RESULT AND DISCUSSION

The unit indicator data that has been collected from all of the units in hospital, inc outpatient units, emergency unit, inpatient units, supporting units are calculated using a grading matrix and then concludes that the area used is the inpatient area.

Table KPI Regional General Hospital of Surakarta City

<table>
<thead>
<tr>
<th>No</th>
<th>Indikator Area Klinis</th>
<th>Judul Indikator</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Patient Assessment</td>
<td>Number of incomplete initial 24-hour assessments at the Inpatient Unit</td>
</tr>
<tr>
<td>2.</td>
<td>Laboratory Services</td>
<td>Waiting time for results of Laboratory services &lt;120 minutes</td>
</tr>
<tr>
<td>3.</td>
<td>Radiology Services</td>
<td>Waiting time for standard photo thorax service ≤3 hours</td>
</tr>
<tr>
<td>4.</td>
<td>Surgical Procedure</td>
<td>Site marking location of the operation</td>
</tr>
<tr>
<td>5.</td>
<td>Use of antibiotics and other drugs</td>
<td>Aspirin use within the first 24 hours of hospital admission in patients with a diagnosis of AMI</td>
</tr>
<tr>
<td>6.</td>
<td>Medication error and near injury (KNC)</td>
<td>Percentage of medication error rates</td>
</tr>
<tr>
<td>7.</td>
<td>Use of anesthesia and sedation</td>
<td>Use of anesthesia and sedation</td>
</tr>
<tr>
<td>8.</td>
<td>Use of blood and blood products</td>
<td>The incidence of transfusion reactions</td>
</tr>
<tr>
<td>9.</td>
<td>Completeness of medical record (MR)</td>
<td>Completeness of filling in MR files after 24 hours of hospitalization</td>
</tr>
<tr>
<td>10.</td>
<td>Infection prevention and control (PPI), surveillance and reporting</td>
<td>The percentage of compliance of health workers in doing hand hygiene with the 6 step method at 5 moments was hospitalized</td>
</tr>
</tbody>
</table>

The results obtained by researchers for the preparation of KPIs show that there are differences with the KPIs that are owned by the RS at this time, which is in accordance with the hypothesis of the researchers. This happens because of several things, namely: Urgent time ahead of Accreditation of Hospital so that it cannot be maximized in working on KPI formation, the committee has not been formed at first and after forming the Committee itself the competence is still lacking because there is no comprehensive training on KPI, the person in charge of each unit has not received a specific socialization about KPI, the absence of data of each unit.

CONCLUSION

Key Performance Indicators (KPI) present a series of measures that focus on organizational performance aspects that are most important to the success of the organization at present and in the future.

Clinical areas obtained from the results of the data collection and interpretation, it was concluded that what was used as a priority was the Inpatient Area.

Key Performance Indicator clinical area
1. Patient Assessment - Number of incomplete initial 24-hour assessments at the Inpatient Unit
2. Laboratory Services - Waiting time for results of Laboratory services <120 minutes
3. Radiology Services - waiting time for standard photo thorax service ≤3 hours
4. Surgical Procedure - Site marking location of the operation
5. Use of antibiotics and other drugs - Aspirin use within the first 24 hours of hospital admission in patients with a diagnosis of AMI
6. Medication error and near injury (KNC) - Percentage of medication error rates
7. Use of anesthesia and sedation - Use of anesthesia and sedation
8. Use of blood and blood products - The incidence of transfusion reactions
9. Completeness of medical record (MR) - Completeness of filling in RM files after 24 hours of hospitalization
10. Infection prevention and control (PPI), surveillance and reporting - The percentage of compliance of health workers in doing hand hygiene with the 6 step method at 5 moments was hospitalized

The researcher hopes that the KPI can represent the actual conditions in Surakarta City Hospital at this time and can assist in the upcoming hospital accreditation process.

From the results of research on this KPI, it will affect the Hospital Quality Committee specifically and Hospitals in general because it means that there must be a change in the data collection system for KPIs that will cause each employee to work harder.

Limitations in this study are quite high subjectivity because researchers are insiders or employees of Surakarta City Hospital.

The hope is that in the future there will be further research discussing the KPI of the Managerial area and the Patient Safety area.
ACKNOWLEDGMENT

I offer this thesis to:
God Almighty
my beloved family
my parents and my parents in-laws
All of my teachers, who always guide me in seeking knowledge
All my extended family, my friends, my brothers and sisters, and my colleagues
Last but not least for myself who wants to fight laziness in working on this thesis

REFERENCE


Bungin, Burhan, 2010, Metodologi penelitian kuantitatif, Kencana Prenada Media Group, Jakarta.


Peraturan Pemerintah Republik Indonesia No. 23 Tahun 2005, Tentang Pengelolaan Keuangan Badan Layanan Umum.


dan sesudah Badan Layanan Umum Daerah (BLUD), Tesis Fakultas Ekonomi dan Bisnis, Universitas Brawijaya, Malang.

Tri Hastuti Hendrayani, 2015, Rancangan KPI berbasis Balanced Scorecard sebagai Pengukuran Kinerja pada RSUD Kebumen, Tesis Program Pascasarjana Universitas Muhammadiyah Yogyakarta, Yogyakarta


Title and Subtitle Writing Rules

MAIN TITLE
Section Title
Sub Title
Sub of sub titles

Footnote
Footnotes are only used to provide clarification / additional analysis, which when combined into a script would disrupt the continuity of the manuscript. Thus footnotes not be used for reference. Footnotes should be numbered printed superscript. The text of footnote typed with 10 font aligned justify.

Policy of Reproduction

Articles have been published in JMMR be copyrighted of Master Program of Hospital Management UMY. For educational purposes, the contents of JMMR can be copied or reproduced as long as mentioning the source of the article. Written requests must be submitted to the Editor to obtain permission to reproduce the contents of JMMR for any other purpose other than educational purposes. The contents of article is not the responsibility of the JMMR because JMMR only valid as publisher.
Additional metadata form (please fill this form before submitting the article)

<table>
<thead>
<tr>
<th>Disiplin ilmu / sub disiplin ilmu dari naskah yang dikirim</th>
<th>Master of Hospital Management</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic Discipline / Sub-Disciplines</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tipe / metode penelitian / pendekatan penelitian / paradigma yang digunakan</th>
<th>This type of research is a qualitative descriptive study with a case study research design.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type / Method / approach / paradigm</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nama Instansi Penulis (dalam bahasa Inggris) * Bila lebih dari satu instansi gunakan numbering sesuai dengan urutan penulisnya</th>
<th>Surakarta City Regional General Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author’s Institution (in English) * If there were more than one institution, please use numbering in accordance with the order of authors</strong></td>
<td></td>
</tr>
</tbody>
</table>