

Analisis faktor-faktor pelayanan yang mempengaruhi Bed Occupancy Rate (BOR) Unit Stroke Center RS. Islam Jakarta (tahun 2000 -2003)

Henny Hanna, author

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Abstrak

Penelitian ini dilatar-belakangi oleh fakta bahwa BOR Unit stroke center RS Islam Jakarta rata-rata hanya 44,72% sejak berdirinya (2000) sampai tahun 2003. Padahal unit Stroke Center ini merupakan salah satu pelayanan rawat inap unggulan RS Islam Jakarta. Pihak manajemen membuat perhitungan bahwa untuk mencapai BEP diperlukan minimal BOR 65% pada unit Stroke Center dalam waktu tiga tahun.

Tujuan penelitian ini adalah diketahuinya faktor-faktor input dan proses pelayanan yang menyebabkan rendahnya BOR Unit Stroke Center RS Islam Jakarta

Penelitian ini dilaksanakan selama 2 bulan, mulai tanggal 25 April sampai dengan 25 Juni 2004, menggunakan pendekatan kualitatif dengan metode analisis diskriptif Penelitian ini melibatkan 45 informan, 28 orang terlibat dalam wawancara mendalam, dan 17 orang dalam FGD.

Hasil penelitian menunjukkan bahwa rendahnya BOR unit Stroke Center sejak berdirinya sampai tahun 2003 disebabkan oleh beberapa input yaitu organisasi dan manajemen, lingkungan fisik dan SOP tidak mendukung pelayanan Unit Stroke Center. Dari aspek proses pelayanan, sikap dokter, perawat dan petugas administrasi belum baik. Hal ini dikarenakan dalam membuat Unit Stroke Center tidak dilakukan studi kelayakan. Dari aspek struktur organisasi, masih disamakan dengan ruang rawat inap umum lainnya. Dari aspek personel kepala seksi dijabat oleh sarjana perawat yang dalam tugasnya membawahi tiga ruang inap lainnya. Sedangkan koordinator dijabat oleh dokter spesialis syaraf tidak tetap, yang mana koordinator tersebut bukan jabatan struktural.

Proses pelayanan yang diberikan Dokter, Perawat dan Petugas administrasi secara umum belum baik. Beberapa aspek pelayanan yang perlu perbaikan berkaitan dengan masalah waktu (dokter), keramahan dan perhatian (dokter, perawat dan petugas administrasi) serta sikap tidak membedakan pelanggan kesehatan (petugas administrasi). Dalam kegiatan-kegiatan di Unit Stroke Center, belum ada standar operasional prosedur-nya (SOP). Disamping itu juga belum ada SOP stroke pathway dan kriteria GCS yang masuk dari UGD maupun dari poli klinik syaraf., sehingga masih banyak pasien yang dirawat di ruang rawat inap umum, bukan di stroke center.

Kelengkapan fasilitas/peralatan sudah cukup, tetapi jumlah dari beberapa peralatan masih belum sesuai dengan jumlah tempat tidur. Lokasi ruangan, tata ruang dan lingkungan fisik Unit Stroke Center belum memperhitungkan konsep aksesibilitas ruangan dari segi ergonomi penderita stroke dan lingkungan maupun sasaran (goal) Bari perawatan penderita stroke, yaitu kemandirian dalam aktivitas kehidupan sehari-hari (AKS).

Dalam penetapan tarif, masih belum dilakukan secara komprehensif yaitu melalui perhitungan bisnis dan studi banding, sehingga sulit menentukan kapan BEP dapat dicapai dengan BOR tertentu. Belum ada kebijakan pemasaran khusus (focus) untuk Unit Stroke Center, walaupun ditetapkan sebagai salah satu produk unggulan rawat inap di RS Islam Jakarta. Pendapatan Stroke Center Unit sampai saat ini kurang lebih barn mencapai sepertiga dari total biaya yang dikeluarkan untuk operasional Stroke Center Unit.

Berdasarkan pendidikan dan status social-ekonomi pasien, bekas pasien dan keluarga pasien, menunjukkan sikap yang semakin kritis terhadap pelayanan, fasilitas dan lingkungan fisik Unit Stroke Center.

Dalam pembuatan Stroke Center Unit RS Islam Jakarta pihak manajemen tidak melakukan studi kelayakan terlebih dahulu. Sehingga banyak terjadi kekurangan - kekurangan dalam aspek pelayanan, lingkungan dan organisasi manajemen. Akan tetapi Stroke Center Unit mempunyai nilai indikator kinerja berdasarkan nilai LOS, TOI dan BTO yang cukup baik. Sehingga jika manajemen cukup jeli ini bisa menjadi asset sumber pendapatan yang baik untuk rumah sakit. dengan memperbaiki kekurangan - kekurangan yang ada dari berbagai aspek diatas, maka bisa meningkatkan kualitas pelayanan dan memuaskan pelanggan.

Analysis Factors of Services that Influence Bed Occupancy Rates in Stroke Center Unit - Jakarta Islamic Hospital. (2000-2003) This research was based on fact, that BOR of stroke center in RSIJ average value is 44.72% per year since it was built in 2000 until 2003. However, this unit is one of the prestigious services among other in hospital services in RSIJ. The management forecasted to reach the number of BEP for stroke center unit. It needs to maintain at least 65% BOR with in 3 years. The focus of this research is to discover all factors that causing minimum BOR (less than 65%) in stroke center RSIJ.

This research was conducted for 2 months, began in April 25th 2004 until June 25th 2004, using qualitative approach with descriptive analysis methods. This research conducted with 45 participants as informants.

This research indicates, the factors that causing minimum BOR of stroke center RSIJ since it was built ini 2000 until 2003 was caused by several input factors, including management and organization, physical environment, and Standard Operational Procedures that minimally supported Stroke Center RSIJ. From the services process aspects, from doctors, nurses, and administration clerk performance, they perform poorly. Those problems arose because before building Stroke Center Unit in RSIJ, the management less conducted feasibility study toward Stroke Center projects

From organizational structure aspects, Stroke Center Unit as special in-hospital services has no special organizational structure; it has the same organizational structure as the other common in-hospital services.

And than from the human resource aspects, the head of stroke center held by a nurse, who has completed graduate nursery program, who also headed three other in-hospital services. As the head coordinator, the management chooses a part time medical doctor, who specialized in neurology as head of coordinator.

Services process which given by doctors, nurses and administrator clerk mostly not good enough. And some services aspects need several adjustments in term of time (doctors) hospitality and attention (doctors, nurses, and administrator clerk), their attitudes toward few customers (administration clerk). During activity in stroke center unit, there was lack of standard operational procedures. Beside there was not found some documents about standard operational procedures (SOP) stroke pathway and patient criteria based on GCS performance from Emergency Room or neurology clinics. So that, there are many in-patient client with stroke, received treatment in common in-hospital room services, rather than in stroke center unit.

Stroke center facility is quite good, but numbers or the equipment still adjust with the number of beds. The location, design and physical environment of stroke center unit still not consider the accessibility factors and ergonomics factors for the stroke patient. And even the environment or treatment goals from the nurses still far from the stroke philosophy, which was independency in Activity Daily Living.

In cost behavior problems, including setting prices, the management did not do comprehensive business plan and feasibilities, so that the management facing difficulties setting the right Break Even Point (BEP) with correct value of BOR. There was no special marketing planning for stroke center unit, even though it was one of the prestigious in-hospital services. Until now, the Stroke Center Unit's income compare to its unit's

expenditure is one and a third revenue to cost.

Based on the patients, former patients and families knowledge and social-economics status, showing several critical attitudes toward services facilities and physical environment of stroke center unit.

In creating Stroke Center Unit, at first the management did not conducted feasibilities study. Because of that, stroke unit had a lot of disadvantage in services aspects, environment and management organization.

On the other hand stroke center unit had better performance based on LOS, T01 and BTO value. If management has certain attention this number could be a valuable asset to improve the disadvantages factors, and improve the quality of services and satisfy the consumer.</i>