Performance of Jayapura General Hospital used Balanced Score Card on Year 2015 and 2016

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Abstract

System Measurement of performance can be made as a means of organizational operation. Balanced Scorecard represent a development from way of measurement of organizational efficacy in company by integrating some measurement technique or assessment of performance separated. Jayapura general hospital during the time need measurement of performance with balanced scorecardmethod, where measurement of performance is which during the time used by that is measurement from monetary performance aspect and performance size measure which pursuant to standard specified by government cannot depict hospital performance as a whole. Target of research: To knowing performance of jayapura general hospital used balanced scorecard on year 2015 and 2016. The method used in this research is case study that is by analysing company data is later;then measured by performance pursuant to four in perspective that is patient, finance, internal business and growth and study. Population is Jayapura officer as much 87 people and 100 patient people as sample. Data approach used questuionaire analysed by univariat. Performance pursuant to is in perspective of patient in Jayapura General Hospital about retention assessed by goodness, good ability in patient mengakuisisi, while satisfaction of patient still not yet is optimal. in perspective Performance of finance measured with growth of earnings of net profit margin conducted good of Jayapura General Hospitalso happened good effectiveness and efficiency. This matter can be seen by the existence of the make-up of earnings per annum. in perspective Performance of unfavourable assessed internal business process, because hospital not yet optimal improve sale of its service. Besides mortality which is high enough [at] taken care of patient < 48 hour. Performance Jayapura General Hospital pursuant to is in perspective of study and growth, where secretory officer retention experience of improvement, this matter of not satisfaction of officer besides, still its minim of training at sepecialist. Productivity of good Officerin improving and performance satisfaction of officer which need to be improved.

Keywords: Performance; Hospital; *Balanced Scorecard.*

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1. Introduction

Jayapura Regional Public Hospital has been required to measure performance with balanced scorecard method, where the measurement of performance that has been used is the measurement of financial performance aspect and performance measure based on the standard set by the government cannot describe the performance of the hospital as a whole. Measurement of performance refers only to short-term performance and does not take into account the unseen assets of the hospital whereas the government-defined performance standard is only able to describe the performance of a hospital's home-related hospital-related services with the use of hospital beds and patient care. Given these deficiencies, a performance measurement method that takes into consideration financial and non-financial aspects is known as the Balanced Scorecard. Balanced Scorecard performance measurement involves four perspectives: Financial Perspective, Patient Perspective, Internal Business Process Perspective and Learning and Growth Perspective.

The use of the Balanced Scorecard method, as a method of performance measurement at the Jayapura Regional General Hospital will provide an overview of hospital performance in the long term which is very useful for the management as a comprehensive information for the success of the organization [1-3].

Balanced Scorecard as a method of performance measurement in its implementation will give an illustration of the success of three other perspectives besides the success from the perspective of the financial perspective patients can show the success of the organization in mastering the patient, both in maintaining and attracting new patients from this perspective the hospital is able to see how the patient's view of the service which the hospital provides.

Measuring the patient's perspectives can determine the level of patient satisfaction, if the performance of poor patient satisfaction can decrease the number of patients in the future even when the financial performance looks good. Based on the perspective of internal business processes management is able to know how the quality of service provided by the hospital to its patients, the results of this perspective measurement can be used as a basis for evaluating the quality of hospital services.

From the perspective of the last perspective of learning and growth perspective, the hospital can know how the productivity of health staff and how the provision of learning to improve the skills of the quality of employee quality, so that the result of perspective measurement can be the source of information where the management needs to increase the training for the employee if the result from this perspective is considered unfavorable.

It is because the business organization must continually improve its knowledge to increase its ability to participate in achieving business objectives. The result of performance measurement with balanced scorecard approach at General Hospital of Jayapura can be used as a comprehensive evaluation if the result of performance measurement from these four perspectives there is less satisfactory result so that the performance of Rumah Sakit Umum Daerah Jayapura can continuously improve its performance achievement goals and hospital progress in the future.

Looking at the above phenomenon, the authors chose to use an alternative performance measurement with

Balanced Scorecard approach at Jayapura Regional Hospital that is more comprehensive, accurate, measurable because during this performance measurement conducted by the General Hospital Jayapura Region refers to the financial aspects and standards of service set by the government.

Based on the background of the issues mentioned above, the authors are interested in conducting research entitled: "Measuring Work with the Balanced Scorecard Approach at Regional General Hospital 2015 and 2016".

2. Materials and Methods

2.1. Types of Research

In this study, the type of research used is a case study that is by analyzing company data and then measured performance based on four perspectives namely patient perspective, financial perspective, internal business process perspective and learning and growth perspective. A case study is a detailed study of a particular object over a period of time.

2.2. Population

The population in this study is all employees and patient / family patient Jayapura Regional Hospital in April - May2017 as many as 13,293 patients.

2.3. Sample

According to Sugiyono [4], "the sample is part of the number and characteristics possessed by that population". If large populations and researchers are not likely to study all that is in the population. Samples of this study will use the Non-random sampling method of Insindental sampling technique, in this technique the determination by chance, ie anyone who by chance met with the researchers can be used as a sample, According Sugiyono [4] , "Insindental sampling is a sample determination technique based on chance that anyone who accidentally insindental meet with the researcher can be used as a sample, when viewed by people who happened to meet it is suitable as a source of data.

2.4. Data Collection Technique

Based on the type of data used in this study, then data collection methods used are:

1. Documentation Method

Documentation method is data collection techniques to see the data clearly the original because in accordance with the existing archives in the company. Data obtained from this technique for four perspectives in Balanced Scorecard, namely:

    a.   Financial Perspective: Financial Statement of Jayapura Regional General Hospital

b.   Patient Perspective: Patient Visiting Report Data

c. Internal business process perspective: Quality Report Data Service of Jayapura Regional Hospital.

d. Learning and Growth Perspective: Employee Data and Reports PSDI.

2. Questionnaire Method

Questionnaire method according to Sugiyono [4], "questionnaire is a data collection technique that is done by giving a set of questions or written statement to the respondent to be answered". Testing the questionnaire to find out how much the level of satisfaction patients and employees of Jayapura Regional General Hospital.

3. Interview

Interview method is done to analyze internal business process.

Interviews were conducted to the Pamor and R & D officers.

3. Research Results

3.1. RSUD Jayapura

Jayapura District General Hospital is located at Jalan Kesehatan I No. 01 Dok II, is administratively located in North Jayapura District.

According to the development of Jayapura District General Hospital is currently a type B Hospital with 16 rooms Treatment and the number of medical and non medical personnel as much as 799 people. The total capacity of the bed in the whole treatment room is 362 pieces.

The RSU Jayapura is available 106 doctors, 89 more than typical hospitals in Papua and 92 more than typical hospitals in the Maluku Islands and Papua. Most of the General Doctors of 106 doctors in this hospital, 57 are general practitioners. More details can be seen in Table 1. below this.

Table 1: Number of Medical Personnel at RSUD Jayapura

No	Dokter Type	Number of person
1	General doctor	57
2	+ Spesialis	40
3	Spesialis – children	5

No		Number
4	Spesialis – surgery	5
5	Spesialis – Anastesi	3
6	Spesialis – heart & blood vessel	1
7	Spesialis – soul health	1
8	Spesialis – sex and skin	3
9	Spesialis – eye	3
10	Spesialis - Obgin	7
11	Spesialis - Orthopedi	3
12	Spesialis - Patologi Anatomi	1
13	Spesialis – internist	2
14	Spesialis – Radiology	1
15	Spesialis – nerves	3
16	Spesialis – ear , throat and nose	1
17	Dentist	4
18	+ Dentist Spesialis	2
19	Dentist Spesialis – mouth surgery	1
20	Dentist Spesialis – mouth disease	1
21	+ Surgery doctor	3
22	Surgery doctor – Orthopedi	3
Number		106

Tabel 2: number of health staff support

No	health staff support	Number of person
1	+nurse	41
2	Ners	38
3	Dentist nurse	3
4	+ specialist Fisioterapi	10
5	Fisioterapi	10
6	+medical technician	64
7	Radiografer	3
8	Elektromedis	2
9	Health analyst	55
10	Medical record	4
11	+ specialist midwifery	80
12	Midwifery klinik	43
13	+ specialist nutritionist	80
14	Nutrisionis	42
15	Dietisien	1
16	+ specialist apoteker	36
17	Apoteker	33
18	specialist apoteker	6
19	+ specialist public health	17
20	Epidemiology	2
21	Environmental health	13
22	Health administration	2
Number		585

The number of support staff as many as 585 people mostly on midwife special employee as much 80 people and clinic midwife as much 80 people. While the lowest support personnel are dietisen or nutritionist as much as 1 person. The space of service now has 16 specializations, including specialist in internal medicine, children, obstetrics, general surgery, skin and genitals, eyes, ENT, nerves, heart and blood vessels, dental and oral surgery, clinical pathology, anatomic pathology, pulmonary anesthesia, orthopedics and oncology surgery. Particularly in pulmonary polycystic, where researcher conduct study with specialist physician and general practitioner of 1 person each with the number of nurses as many as 4 people.

From the results of the distribution of questionnaires to patients RSUD Jayapura. A total of 100 patients based on five indicators of satisfaction, namely assurance, responsiveness, empathy, reliability and direct evidence.

3.2. Patient Perspective

Measurement of performance in this perspective to find out how the patient's response in this hospital patient to the hospital using the following indicators:

a. Patient Retention

The patient's retention aims to measure the degree to which the company maintains and maintains good relationships with its patients. This indicator is measured by dividing the total old patient with the total number of hospital patients.

Table 3: Results of Patient Retention Measurement of Jayapura Hospital

Year	Number of old patient	Number of patient	(Number of old patient / Total Patient x 100%)	Increase
2015	61.185	75.533	81%	0,51%
2016	65.912	80.867	81,51%	

Based on the data and calculation results presented on the top tabeldi, can be seen patient retention rate from 2015 to year 2016 has increased by 0.51% where patient retention for 2015 by 81% to 81.51% in 2016. Based on the results obtained from the above calculation shows that the patient's perspective performance when viewed from patient retention can be said to be "Good".

b. Ability to master the patient

The patient's acquisition indicator aims to measure how many hospitals successfully attract new patients. Indicators are measured by comparing total new patients to total patients.

Table 4: Results Measurement Capability Mastering Pasient RSUD Jayapura

Year	Number of new patient	Number of patient	(Number of new patient / Total Patient x 100%)	Decrease
2015	14.348	75.533	19%	0,51%
2016	14.955	80.867	18,49%	

Based on the data and calculation results presented in the table above, can be seen the level of acquisition of patients from 2015 to in 2016 decreased by 0.51%, where retention of patients for 2015 by 19% and in 2016 decreased to 18.49%. This suggests that a patient's perspective performance when viewed from patient acquisition can be said to be "poor"

c. Patient Satisfaction

Table 5: Result of Measurement of Patient Satisfaction of Jayapura Hospital for each attribute

Indicators	No	Questions	Total
Assurance	1	Service quality	317
	2	Speed and accuracy	314
	3	Safety	314
Response	4	Information	299
	5	Tariff	304
	6	Payment system	317
Empathy	7	Room condition	294
	8	Time tolerant payment	309
Reliance	9	Complain	314
	10	Staffs working system	309
Direct proof	11	Tool quality	320
	12	Tool hygienic	312
	13	Staff clean	310
	14	Cleanliness	311
Total			4344

The table shows that the highest score on answer number 11 is quiet the quality of the girth with respect to the total score of 320 and the lowest in answer number 7 on the condition of the hospital room with the total score of 294. The number of recapitulation of the results of patient satisfaction amounted to 4344. From the results of that number entered in the interval score quite satisfied / good enough (3642 - 4762). This means that patient satisfaction in RSUD Jayapura have satisfaction level of satisfied category of service given by RSUD Jayapura.

3.3. Financial Perspective Performance

a. Performance of RSUD Jayapura based on financial perspective Net Profit Margin (Net Income)

The NPM (Net Profit Margin) indicator is used to see the smallest net profit in relation to the sales or income to know the efficiency of the hospital where the higher, the better the hospital operation. NPM is considered good,

if during the observation period the NPM calculation has increased, constant and assessed less if decreased.

Table 5: Performance of RSUD Jayapura based on financial perspective Net Profit Margin (Net Income)

Year	Net profit (Rp)	Sell (Rp)	Net profit / sell x 100%	Increase
2015	1.080.084.986	31.869.431.175	3,39	9,08%
2016	5.052.942.234	40.529.839.576	12,47	

Table 5. it was found that Net Profit Margin (NPM) indicator or net income increased 9.08% from 2015 to 2016, ie in 2015 the net profit reached 3.39% and increased in 2016 reached 12.47%. This shows an increase in financial performance based on net profit margin from 2015 to 2016.

b. The performance of RSUD Jayapura is based on financial perspective of efficiency level

Efficiency is a ratio that describes the comparison between expenditures spent on revenue realization. If the targets to be achieved by a public policy are very simple while the costs incurred through the policy process are too large compared to the results achieved, this means that the policy activity is not feasible to be implemented. The efficiency ratio is considered poor, the observation period of the performance results from the efficiency level indicator has increased, is considered quite good if constant and good value, if it decreased because the smaller the obtained result showed a good level of efficiency [5-7].

Table 6: Performance of RSUD Jayapura based on financial perspective Efficiency (Net Income)

Year	Expenditure (Rp)	Net Income (Rp)	(Expenditure / net income x 100%)	Increase
2015	30.789.346.189	31.869.431.175	3,39	9,08%
2016	35.476.897.342	40.529.839.576	12,47	

Table 6. it was found that the efficiency level of 2015 as much as 3.3% and 3.39% increase in the year 2016 experienced an increase of efficiency by 12.47% with the percentage of efficiency improvement reaching 9.08%. The efficiency ratio that increased during the period 2015 until the year 2016 shows the level of efficiency good.

c. The performance of RSUD Jayapura based on financial perspective of effectiveness level

Effectiveness with regard to whether an alternative achieves expected results, or achieves the objectives of the action. Measures of effectiveness can be defined as a standard will meet the goals and objectives to be achieved. The effectiveness ratio is to measure the output of public sector organizations against public sector revenue targets. The effectiveness ratio is considered good, if during the observation period the performance of the Ratio effectiveness indicator is increased, it is considered good if it is constant and assessed less if experienced decline [8-11].

Table 7: Performance of RSUD Jayapura based on financial perspective of effectiveness

Year	Expenditure (Rp)	Target (Rp)	(Expenditure / target x 100%)	Decrease
2015	31.869.431.175	41.477.000.000	76,84	6,25%
2016	40.529.839.576	57.417.110.056	70,59	

Table 7. obtained that the level of effectiveness in 2015 to 2016 decreased 6.25% with revenue target and revenue realization obtained in 2015 as much as 76.84% and in 2016 decreased 70.59%. The declining effectiveness ratios during the 2015 to 2016 period indicate a poor level of effectiveness.

e. The performance of RSUD Jayapura based on internal business perspective

Performance based on internal business perspectives in the innovation process include BOR (Bed Usage Rate), internal ALOS (average patient duration), BTO (turnover rate), NDR (mortality 48 hours after being treated for every 1000 patients out) , GDR (general mortality rate for every 1000 patients out). Calculation for this indicator is used to determine the performance burden of RSUD Jayapura per day. In addition to knowing the workload per day, the average indicator of outpatient visits per day is also able to find out how much the level of public confidence in RSUD Jayapura. The following is the average number of outpatient visits and Inpatient RSUD Jayapura:

1) BOR (Bed of Rate)

According to MOH RI (2005), BOR (Bed Occupancy Ratio) is the percentage of bed usage in certain time unit. This indicator provides an overview of the high level of hospital bed utilization. According to MOHRI, BOR ideal value is between 60-85%. The following is the result of the RSOR BOR indicator for the last two years, from 2015 to 2016, here are the details:

Table 8: BOR value of RSUD Jayapura 2015 – 2016

Indicator	Year			
	2015		2016	
Bed Occupancy Rate (BOR)	Number	Average /year	Number	Average /day
	72.837	61,78	78.287	60,19

From the data above, it can be concluded that the performance of RSUD Jayapura has been good for this BOR indicator, this is proven of the entry of the ideal criteria set by MOH RI that this indicator is between 60-85%. From 2015 to 2016 the BOR value shows a decline. Although this figure shows the rate of decline but still in an ideal level. The ideal BOR value also indicates that the number of treated patients does not exceed the available bed capacity at the Jayapura District Hospital. BOR value in 2015 to 2016 has decreased so that the BOR indicator is considered less good.

2) ALOS (Average Length of Stay)

According to the MOH RI [12], ALOS (Average Length of Stay) is the average long treatment of a patient. This indicator gives an overview of the economic level of the hospital. The ideal value of ALOS according to MOHRI is 6-9 days (MOH, 2005). The following is the result of ALOS indicator of Jayapura Hospital for the last two years, starting from 2015 until 2016. Here are the details [12,13]:

Table 9: Value of ALOS Jayapura Hospital 2015 - 2016

INDIKATOR	TAHUN			
	2015		2016	
Average Length of Stay (ALOS)	Number patient out	Average /year	Number patient out	Average /day
	72.837	5,02	78.287	4,63

From 2015 and 2016 in general, RSUD Jayapura showed quite good performance, because the ideal indicator of ALOS value as it has been set is between 3 to 12 days. ALOS from RSUD Jayapura is in an ideal position. ALOS in 2015 to 2016 is 5 days. Because this ALOS shows the average length of patient care, it can be concluded that the average care per patient in RSUD Jayapura is for 5 days, which is in the ideal range with good scoring criteria. This may indicate two possibilities of both positive and negative possibilities. Positive possibility is the decline in ALOS value means that the hospital is increasingly working toward efficiency by providing services quickly and accurately to patients so that patients get out of hospital faster. However, the likelihood of a faster patient coming out may indicate that the services provided are poor, so the patient is not

comfortable, or the cost is too expensive so the patient decides to stop the hospitalization.

3) TOI (Turn Over Internal)

TOI (Turn Over Internal) according to MOH RI [12] is the average day the bed is not occupied from been filled to the next filled time. This indicator provides an overview of the efficiency level of bed usage. Ideal value according to MOH RI for TOI is 1-3 days. The following is the result of TOI indicator of Jayapura Hospital for the last two years, starting from 2015 until 2016. Here are the details:

Table 10: Value TOI RSUD Jayapura 2015 – 2016

Year	Bad number	Treatment time	Treatment days	TOI	Increase
2015	323	66.557	72.837	3,40	0,05%
2016	362	73.007	78.287	3,45	

From the results above can be seen that the indicator TOI RSUD Jayapura has ideal criteria for TOI is 1-3 days and RSUD Jayapura able to achieve it. Based on the above table, the value of TOI shows an increase from 2015 to 2016 by 0.05%. This indicates that the utilization of bed / BOR in RSUD Jayapura with good criteria. Evident from the year 2015 TOI mencapau 3.40 and 2016 to 3.45.

4) NDR (Net Death Rate)

NDR or Net Death Rate according to MOH RI [12] is the death rate 48 hours after treatment for every 1000 patients out. This indicator provides an overview of the quality of hospital services. According to MOHRI, the ideal value of NDR is no more than 25 patients per 1000 patients out. The following is the result of NDR indicator of RSUD Jayapura for the last two years, starting from 2015 until 2016. Here are the details:

Table 11: Value of NDR RSUD Jayapura 2015 - 2016

Year	Number patient death > 48 jam	Number patient out (death or life)	NDR	Increase
2015	397	13.238	29,96	4,54%
2016	524	15.081	34,6	

When looking at the ideal indicator set by the MOH RI, the NDR value in RSUD Jayapura is not ideal. Because, the ideal value for NDR is no more than 25 sufferers for every 1000 sufferers. However, when viewed

further, NDR in RSUD Jayapura is from year to year continue to increase. In 2015 as many as 29.96 people, in 2016 increased to 34.6 people.

5) GDR (Gross Death Rate)

According to MOH RI (2005), GDR or Gross Death Rate is the common mortality rate for every 1000 outbreak patients. This indicator provides an overview of the quality of hospital services. Ideal GDR value according to MOHRI is no more than 45 patients per 1000 patients out, except in case of special occurrence such as disease outbreak, natural disaster, war and others. The following is the result of GDR indicators of RSUD Jayapura for the last two years, starting from 2014 until 2016. Here are the details:

Table 12: Value of GDR RSUD Jayapura 2015 – 2016 Year Amount

Year	Number all patient death > 48 jam	Number patient out (death or life)	GDR	Increase
2015	503	13.238	37,95	2,62%
2016	596	15.081	39,33	

Gross Death Rate (GCR) Jayapura General Hospital is generally not good, because the number is still beyond the ideal standard for GDR. Based on MOHRI, where the GDR of Jayapura District Hospital from 2015 until 2016 is less than 45 sufferers. If you look further in the table above, the GDR figure in RSUD Jayapura shows an increase, ie in 2015 the number of patients died 503 people, while in 2016 the number became 596 people. This can be due to poor maintenance services, which have not met the standard so that the mortality rate is high.

4. Discussion

1. Patient Perspective

The performance of RSUD Jayapura from the perspective of Patients was measured using three indicators, namely: patient acquisition, retention and patient satisfaction as measured by using a questionnaire.

a. Patient Retention

Patient Retention is the company's ability to maintain its patients. When the patient comes back for treatment to RSUD Jayapura increasingly increasing, then the retention patient in RSUD Jayapura also increasing. The ability to increase the retention of patients depends on how well the hospitals provide satisfaction to their patients. Maintaining old patients need to be increases recalled the satisfactory impression obtained by the patient will indirectly promote the hospital to their people. In the hospital industry, patient retention will be achieved if patients return to health services, but they are not with the same disease but for

further treatment or check up health and others. The patient perspective performance of patient retention indicators from 2015 to 2016 has increased by 0.51% where patient retention for 2015 by 81% to 81.51% by 2016. This indicates that the performance of patient perspective when viewed from patient retention can be "good", because according to the feasibility assessment, the retention rate is said to be good if it increases, is said to be quite constant and is said to be lacking if it decreases.

The result of this research is in line with research of [14], that employee retention in PKU Muhammadiyah Hospital is in good category. The performance of Jayapur Hospital based on customer retention has enabled old patients. With increasing patient retention this means that hospitals are able to maintain a long-standing association with patients with increased patient retention.

b. Ability to master the patient

The patient's acquisition aims to measure how many hospitals successfully attract new patients. The more Jayapura hospitals attract new patients, the higher the acquisition rate of the patients. The performance of patient from perspective on the 2015 acquisition indicators in 2016 decreased by 0.51%, whereas retention for 2015 by 19% and in 2016 decreased to 18.49%. This indicates that the performance of the patient perspective when viewed from the patient's acquisition can be said to be "poor", because according to the feasibility assessment, the acquisition rate of the patient is said to be good if the increase is sufficient if it is constant and said less if decreased. so there needs to be more promotion by the hospital management so that they can attract new patients to the hospital. The results of the acquisition of patients generated by RSUD Jayapura need to evaluate the performance of the hospital in terms of attracting patients to find the cause which resulted in the decrease of the acquisition so that it can improve it to improve the patient to come to the hospital. One of the factors causing a decrease in patient acquisition rates is due to the increasing number of health service establishments around the hospital in the form of private midwife practices, 24 hour open clinic doctors, practicing doctors and other specialized hospitals.

Acquisition of patients who experience a decrease in the hospital is expected to warn promotion to the general public and quality of service quality to increase patient acquisition. Because of the increased acquisition of patients, the hospital income will also increase and positively affect the profitability of the company.

c. Patient Satisfaction

Patient satisfaction is a major factor in the awareness and acquisition of new patients for the hospital. Satisfaction as a measure of patient performance perspective assessment. If what is expected of the patient in accordance with the given performance then satisfied . In measuring the level of satisfaction of patients by performing patient satisfaction surveyRSUD Jayapura by distributing questionnaires as many as 87 respondents. It is known that the score of patient satisfaction level of 434 thus the performance of the hospital from the perspective of the patient seen from the satisfaction can be said "Satisfied" which means well this is because the 4344 score is at interval "quite satisfied "Ie 3642 - 4762, so its performance can be said" good enough ". This shows that the SRSUD Jayapura has not maximally fulfilled what the patient hopes is -dimension in the service

to the patient. Patient satisfaction is consistent with patient retention, which means that if the hospital is able to provide satisfaction to the patient, patients will survive to obtain health care at the hospital. Patient satisfaction when viewed each of the items questionnaires are distributed, the number of respondents questions from the 14 items of the lowest questionnaire question is an item question no 7 about hospital room condition with total score 294.

The result shows that in the level of satisfaction given by the hospital which still low is related to tariff and speed of service time given so that there is need of evaluation from tariff set given by hospital management. Relating to the speed and timeliness of services provided by the hospital needs to be evaluated where the results obtained from the calculation of the questionnaire where the item of question is located on the two lowest scores in accordance with the performance based on respond times that indicate the performance of the less so that the need to improve performance in terms of speed and timeliness of services provided by the home sick [15].

2. Financial Perspective

The performance of RSUD Jayapura viewed from a financial perspective was measured using three indicators, namely:

a. Indicator NPM (Net Profit Margin) / net income

The NPM (Net Profit Margin) indicator is used for large viewing small net income in relation to sales / revenue to know the efficiency of the hospital. NPM level (Net Profit Margin) from 2015 to 2016, ie in 2015 net profit reached 3.39% and increased in the year 2016 reached 12.47%. This indicates an increase in financial performance based on net profit margin from 2015 to 2016, because according to the assessment of the feasibility of NPM (Net Profit Margin) is said to be good if it increases, it is quite good if it is constant and it is not good if it decreases. This suggests that the hospital's ability to profit from opinions has increased.

b. Efficiency Ratio

Based on data and calculation result, Efficiency ratio from 2015 as much as earnings obtained as much as 3.39% and in 2016 experienced an increase efficiency of 12.47% with the percentage of efficiency improvement reached 9.08%. The efficiency ratios that increase during the 2015 to 2016 period indicate a good level of efficiency, because according to the feasibility rating the efficiency ratio is said to be good if the calculation of the efficiency ratio decreases, it is said to be enough if it is constant and is said to be lacking if it experiences an increase in yield.

c. Effectiveness Ratio

Effectiveness Ratio to measure against revenue targets. Measurement of Effectiveness Ratio relates to whether an alternative achieves expected outcomes, or achieves the objectives of the action being eliminated. So the size of the activity can be said as a standard will be fulfilled about the goals and objectives that will be achieved. Effectiveness ratios from 2015 to 2016 decreased by 6.25% with revenue targets and revenue realization gained

in 2015 of 76.84% and in 2016 decreased by 70.59%. The declining effectiveness ratio for the period 2015 to 2016 shows a poor level of effectiveness, because according to the feasibility assessment, the effectiveness ratio is said to be good if it increases, it is said to be constant and less said if experienced a decline.

3. Internal Business Perspective

In this dimension is measured using ratios with standards set by the government. The internal business perspective can be measured by standards of measurement according to Republic Health Ministerial regulations Indonesia Number 1171 / Menkes / Per / VII / 2011 among others:

a. BOR Bed (Occupancy Rate)

This indicator provides an overview of the low level of hospital bed utilization. Performance of internal business perspective can be said "less good" when viewed from indicators BOR 2015 until 2016 BOR value showed a decline. Although this figure shows the rate of decline but still in an ideal level. The ideal BOR value also indicates that the number of treated patients does not exceed the available bed capacity at the Jayapura District Hospital. BOR value in 2015 to 2016 has decreased so that the BOR indicator is considered less good. Bed Occupancy Rate (BOR) is considered less good, if during the period of observation of performance results BOR ratio compared with the previous year experiencing decline, considered less good if constant and assessed less if decreased . This indicates that the utilization of hospital beds has not been maximized yet from two years of BOR in line with the stipulated other than that of the increase for the year 2014 of 0.05%.

The ideal BOR score indicates that the number of treated patients does not exceed the available bed capacity at home sick PKU Muhammadiyah. BOR values are standardized MOH has already demonstrated the ideal value, BOR value by 2015 ie 61.78% and in 2016 is 60.19%. The value of the BOR generated for both the year already meet the standards where standard of MOH for BOR value is 60-85%, so it can it is concluded that the internal business process perspective performance is seen from BOR value can be said not good.

b. ALOS (Average Length of Stay)

Average Length of Stay (ALOS) is the average length of patient care. This indicator besides gives a level description efficiency, can also provide a picture of the quality of service, on a particular diagnosis can be a necessary reference further observation. In general the ideal ALOS value between 3-12 days. From the achievement of the value of ALOS in 2015, ie 5 days and in 2016 that is 4.63 days. ALOS values are in accordance with the ideal standards, so that the internal business perspective performance seen from ALOS can be said "good enough". Also seen from the development of ALOS values also decreased this could be become an indication of the poor quality of service in RSUD Jayapura Muhammadiyah.

One of the factors that influence the achievement of ALOS values less than the standard value, which is related to the results of this study namely the number of respondents answer the questionnaire question most scores with scores 304 and the second lowest score is the question no 2 related to "speed and timeliness of service given the hospital ". High rates and speed of service time is a consideration for the patient / patient to obtain

189

services from the hospital.

c. TOI (Turn Over Internal)

Turn Over Internal (TOI) is the average day on which the unaccounted bed has been filled to the next filled charge. This indicator provides an overview of the efficiency level of bed usage. Ideally empty beds are not filled in the range of 1-3 days. Internal business perspective performance can be said "less good" when viewed from the TOI indicator with an average value of 0.99 days, where the value of TOI ratio is considered good if it meets the MOH standard, the value ofTOI is below the standard MOH that is 1-3 days. The value of TOI in the year 2013 is 0.99 days while for the year 2014 is 0.99 days it shows that the result of the hospital TOI value is still below the standard, so it can be concluded that the performance of internal business perspective seen from TOI can be said "less" due to the result for second year is below ideal standards.

d. NDR (Net Death Rate)

The NDR value provides an illustration of hospital service quality, the ideal NDR value should not exceed 25 per 1000 outbreaks. The performance of internal business perspective can be said to be "good" when viewed from the NDR indicator 2015 with an average value of 29.96 ‰, whereas the NDR ratio is considered good if it meets MOH standards, the NDR value above the MOH standard is <139.33 ‰. However, in 2015 to 2016 the increase from 20.47 ‰ to 22.48 ‰ need for evaluation and improvement so as not continue to increase or exceed the standard. This shows that the performance shown by RSUD Jayapura in terms of patient incentive and safety care satisfying.

e. GDR (Gross Death Rate)

GDR describes the quality of hospital services. Value The ideal GDR should not exceed 45 per 1000 sufferers out except in case of special events such as outbreaks of disease, natural disasters, wars and so on. Based on the data presented at top shows the performance of internal business perspective can be said "Less good" because when viewed from the generated GDR indicator well above the MOH standard set at 46.91 ‰ in the year 2013 and 52.54 ‰ in 2014, besides the GDR also experienced increase of 5.63 ‰ so that it can be said its performance is not good. P this indicates the ability of the hospital in performing the service in treating patients less where out of 1000 treated patients exist more than 45 ‰ died so the hospital need to do evaluation to find the cause of high GDR values.

5. Conclusion

1. Performance based on patient perspective in RSUD Jayapura about retention is good with increase of 0,51%, have good ability in acquiring patient with increase of 0,51%, while patient satisfaction still not optimal with enough satisfied / good enough score (3642 - 4762). RSUD Jayapura is good at increasing the number of new patients, maintaining the patients who enter each year, and can meet the satisfaction of the patients. So hopefully this achievement can be further improved in the future.

2. The performance of financial perspective is measured by the growth of NPM revenue (net profit) with 9.08% increase, which is done by RSUD Jayapura so that 9,08% efficiency and good effectiveness although decrease 6.25%. It can be seen that the increase in income each year. Meanwhile, the indicator of cost changes is considered less due to the increase of cost utilization in each year. This is because of the programpengadaan improvement of facilities and infrastructure of the hospital, so that the hospital in providing health services to the patient can be more optimal.

3. Internal business process perspective performance, BOR category, assessed according to standard (60-85%) but decreased, ALOS in good category according to standard between 3-5 days, but there was a decrease in amount. The value of TOI has increased 0.05% in either category. NDR is rated less than 25% and there is an increase from 2015 to 2016. Bad GDRD GDR is still beyond the ideal standard with numbers less than 45 patients and an increase of 2.62%.

4. The performance of RSUD Jayapura based on the perspective of growth and learning, where the retention of outgoing employees increased 0.04% with less good value, poor training of employees with an 8.9% decrease. Good employee productivity with an increase of operating labar Rp.577.895.340. employee satisfaction in the category quite baik.Hal showed dissatisfaction of employees other than that, still lack of training that ssuai for nurses. Employee productivity both in improving performance and employee satisfaction that needs to be improved.

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