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Performance Measurement of Comprehensive Emergency Neonatal Obstetric Servant (PONEK) in Dr. Mohammad Hoesin General Hospital Palembang with a Balanced Scorecard to Improve the Quality of Midwifery Services

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ABSTRACT

Introduction: Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (IMR) in Indonesia are the highest among ASEAN countries, namely 307 / 100.000 live births for MMR and 20/1000 live births for IMR. This situation can actually be prevented through early detection approaches and appropriate management of mothers and babies through the Comprehensive Obstetric Neonatal Emergency Services (PONEK) program as one of the important elements of good hospital service performance. The performance of a hospital is of course determined by the performance of each unit and team which requires relevant multi-dimensional measurement standards. Basic Score Card (BSC) is a method developed by Kaplan and Norton (1996) to measure performance comprehensively, so it is hoped that this method can help improve the quality of obstetric emergency services, especially in Palembang. **Methods:** This descriptive analytic study was conducted at Dr. Mohammad Hoesin (RSMH) Palembang by looking for factors that affect the quality of emergency obstetric care and analyzing the performance of the PONEK team in providing PONEK services. Primary data is obtained through questionnaires with direct interviews with respondents or by direct observation in the field to see the real obstacles that occur during service. The data were analyzed qualitatively and quantitatively. **Results:** During the period October 2014 - March 2015 there were 1219 total hospitalized patients. Based on the Financial Perspective, the effectiveness ratio for achieving the performance of the RSMH PONEK team still meets the target of 1.3 for vaginal and has not met the target of 0.5 for SC with a financial perspective score of +2. Based on the Customer Perspective, the total score is +2 with the patient satisfaction index is 5957 (satisfied) and the Gross Death Rate (GDR) figure for PONEK RSMH services is 14 (meets GDS MOH standards). Based on the Internal Business Perspective the total score is +1, with the level of compliance with the clinical pathway standard = 92%, the level of compliance for the National Fornas PONEK = 100%, while the response time is > 1 hour. Based on the perspective of learning and growth, the total score = +1, with the number of PONEK trained personnel <50%, neonatal resuscitation and lactation management <10%, employee work motivation is very high, and facilities and infrastructure are classified as good. Based on these four perspectives, the BSC score for RSMH PONEK performance is +0.6 with an interval scale of -1 to +1. **Conclusion:** Based on the BSC measurement results of the PONEK team at RSMH Palembang, it can be concluded that the PONEK team's performance is good.

1. Introduction

Currently, the Maternal Mortality Rate (MMR) and Neonatal Mortality Rate (IMR) in Indonesia are the

highest among ASEAN countries with a very slow decline. As is known, the maternal mortality rate is 307 per 100.000 live births, while the neonatal



mortality rate is 20 per 1000 live births (survey results 2002 - 2003). This means that every hour 2 (two) mothers die and every hour there are 10 (ten) neonatal deaths. 35 infant mortality per 1000 live births (SDKI Th. 2002-2003), which means that every hour there are 18 (eighteen) infant deaths. This condition is caused by the main cause of death which can actually be prevented through early detection approaches and appropriate management for mother and baby. [Adikoesoemo S, 2010]

In Indonesia, the causes of maternal death are bleeding, infection and eclampsia, prolonged labor and complications of abortion. The main cause of death was bleeding which was mostly due to retention of the placenta. This shows the inadequate management of stage III labor. Meanwhile, maternal mortality due to infection is an indicator of poor infection prevention and management efforts. Maternal death caused by complications of abortion is the result of unwanted pregnancy. (KTD) Programs to reduce maternal and infant mortality (maternal neonatal) and improve services for mothers and babies who have problems with complications of childbirth and preterm birth are needed. In connection with this, it is necessary to obtain support for the skill factor of PONEK special health workers as well as quality maternal and infant health services in hospitals. [Annual Report. 2013]

In its activities, hospital management implements a systems approach, where input is required consisting of human resources, funding sources, facilities and infrastructure (equipment), as well as standard operating procedures (SOP) or fixed procedures in carrying out service activities. The part that is very important and requires good handling is the SOP (Standard Operating Procedure) in each service unit in the hospital which is useful for assessing the quality or failure of the service process that will take place, so that expectations of good service quality as output can be achieved. By utilizing SOP, which is a tool that is described in the form of a process flow (flow chart), it will help us to understand

the processes that occur in the service unit in the hospital. [Aditama TY, 2010]

In understanding the various processes that exist within the hospital service unit, up to now there are still various obstacles by several parties, especially the bureaucracy in an effort to improve the process or solve problems from previous failures. In the framework of health development in the field of direct services such as hospitals, improvement processes are aimed at improving the quality, coverage, effectiveness, accountability and efficiency of hospital managerial implementation in an integrated manner as well as improving and strengthening health service management which includes planning, implementation, supervision, control and assessment. [Vincent G, 2002]

In the current era of openness and democracy, there are continuing changes in the culture of society and the development of science and information technology, resulting in a rapid increase in public knowledge about health and this is followed by community demands for better health services. This triggers and requires health service facilities to develop themselves sustainably in line with existing developments in the community. Continuous development is carried out step by step in an effort to improve the quality of health services in hospitals while still being able to keep up with existing changes. If the hospital does not prepare itself better in an effort to improve the quality of service, the community will avoid these facilities and people will look for other health facilities. For this reason, each hospital must improve its appearance in a planned manner in accordance with the needs and demands of the community so that it can continue to develop. [Andi. 2008]

RSUP Dr. Mohammad Hoesin Palembang as one of the government hospitals also runs the PONEK program (Comprehensive Obstetric Neonatal Emergency Services). PONEK has been run in Dr. Mohammad Hoesin Palembang since 2009 with the



formation of the PONEK team Dr. Mohammad Hoesin Palembang, but the performance of this PONEK team has never been assessed whether it is good in terms of activities or management. [Annual Report, 2013]

The performance of a hospital is of course determined by the performance of each unit and team that moves simultaneously in implementing the service wheels in the hospital. To evaluate performance, of course, a method that can measure this performance is needed. The importance of measuring performance appropriately, according to Keats & Hitt (1988) is because performance is a difficult concept, both in definition and measurement. Honrge (1992) states that the purpose of implementing performance measurement is so that it can compare current achievements with previous year's achievements. By knowing the performance conditions, we can revise irrelevant policies so that future achievements will be better. Performance measurement is complex and is a big challenge for researchers because as a construct, performance is multidimensional. Therefore, measuring performance using a single measurement dimension is not capable of providing a comprehensive understanding. (Kaplan et.al 1996).

Kaplan and Norton (1996) gave birth to a new method that can measure performance comprehensively, namely the balanced scorecard (BSC). that performance appraisal with BSC is able to minimize the lack of assessment by using financial ratios. This is because BSC has the ability to measure company performance comprehensively which includes four perspectives that will motivate the leadership so that the success of the performance is sustainable. The implementation of the BSC has not been carried out in many institutions in Indonesia, especially in the public sector. This can be seen from the lack of research on hospital performance associated with BSC. Performance measurement using the BSC has an impact on improving the performance of hospital employees. Flak and Dertz

(2005) said that several factors needed in the successful implementation of BSC are (1) commitment to top management and leadership, (2) employee and middle manager participation, (3) a good performance culture, (4) training and education, (5) make it relatively simple, easy to use and understand, (6) clarity of vision, strategy and results, (7) the relationship of BSC to incentives and (7) resources to implement the system. [Kaplan et.al 1996]

This research is necessary and useful to be carried out at Dr. Moh Hoesin Hospital Palembang because; The performance of the PONEK team can be measured more completely not only from the point of view of the quality of community services but also how the balance of the quality of service support is from a broader perspective, namely hospital management and finances. [Mulyadi. 2001]

2. Methods

This research is a qualitative descriptive cross-sectional approach. The data credibility test was carried out by technical triangulation, namely through: observation, questionnaires and documents. In this study, a detailed questionnaire or list of questions was used that included all aspects or variables to be studied using a structured questionnaire based on previous research that had been modified by taking into account the conditions at RSMH Palembang. The sample of the study was obstetric patients who had vaginal delivery and cesarean section at Dr. Hospital. Mohammad Hoesin Palembang from October 2014 to March 2015. [Annual report, 2013]

The analysis was carried out using qualitative and quantitative analysis. Qualitative analysis is an analysis that is used to explain the results of research on various symptoms that can be described using information that cannot be measured with numbers, but requires a clear explanation. The data obtained is only to provide information and an explanation of the



coefficient results and can be used as a guide to provide advice. After the questionnaire is filled in correctly and returned, the next step is data analysis. The data, in the form of the respondents' subjective answers, were analyzed in order to obtain an overview of the research variables which in turn could provide answers to the problems. An analysis whose data can be computed that measures the performance of each perspective. After the data is processed, then weighted scores are given. If the performance of all aspects of the company is "good". Scores are given based on the following rating scale:

Score	
-1	= Less
0	= Enough
1	= Good

After the total weight score is obtained, then a search for the average score is carried out. The next step is to create a scale to assess the total score whether it says "less", "enough" and "good".

3. Results and Discussion

From the table above about the distribution of the number of patients based on health insurance who gave birth at RSMH in October 2014 to March 2015, the following description is obtained: Dr. Moh. Hoesin Palembang served 1219 deliveries in a period of 6 months. In terms of numbers, this is quite a lot with various guarantees which of course have a different replacement cost ceiling. From the point of view of the total costs that can be claimed at low cost are BPJS class III, Askin and Jamsoskes where patients fill in class III inpatient wards. Cost claims that match / approach hospital rates are of course general patients and BPJS class I. From the available data it can be seen that class III patients with BPJS class III, Askin and Jamsosokes guarantees are 880 patients or 72% of the total patients who deliver at RSMH period

October 2014 to March 2015. The distribution of patients served by BPJS with a total of 625 patients or 51.3%, was divided according to the following order: BPJS class III 330 patients (27%); BPJS class I 154 patients (12.6%); BPJS class II 141 patients (11.6%). The next service users were Jamsosokes 412 patients or 33.8%, Askin 138 patients or 11.3%, and the lowest was general patients, 44 patients or 3.6%. Users of childbirth services according to PONEK in Dr. Moh. Hoesin Palembang for the period of October 2014 to March 2015 as follows, the most number of BPJS patients with a total of 625 patients, divided into the most BPJS class III, then BPJS class I and the smallest BPJS class II. The minimum number of service users is general patients, namely 44 patients. The highest guarantee that gives birth to chest is BPJS, for the second place Jamsosokes, but if you look at the BPJS that has only been running for more than 1 year but its users are quite high, in the future, of course, BPJS users will be the health insurance for the majority of patients who give birth at Dr. Moh. Hoesin Palembang. [Umi P, 2010]

The total number of deliveries was 1219 deliveries and the majority were normal vaginal deliveries, namely 566 people. Of the types of delivery during the period October 2014 to March 2015, based on the highest order, namely: normal delivery 566 deliveries (46.4%), cesarean section 554 cesarean section (45.4%) and delivery with actions as many as 99 actions (8.2%). From the month of October 2014 to March 2015 based on the highest order, namely: December 2014 as many as 228 deliveries (18.7%), October 2014 there were 228 births (18.6%), November 2014 there were 214 births (17.5 %), in January 2015 there were 201 births (16.6%), February 2015 there were 181 deliveries (14.8%), in March 2015 there were 169 births (13.8%). From the data above, the highest number of deliveries was in December 2014, amounting to 18.7%. At the end of the year and during Eid, the number of patients giving birth in government hospitals generally increases because



many private practice midwives are discharged during these months, and in months with a high number of deliveries at the hospital, they must always be ready for PONEK services, giving final leave He must arrange the years for officers involved in PONEK so that they do not interfere with hospital services. Normal delivery is still the largest type of delivery in Dr. Moh Hoesin Palembang, namely 566 deliveries (46.4%) and in second place with a slight difference, namely cesarean section with a total of 554 cesarean sections (45.4%).

This figure of 45.4 is certainly higher than the average national cesarean section because Dr. Mohammad Hoesin Palembang is the highest referral in South Sumatra, so the level of difficulty and problems for patients is generally high and most of them must be resolved by cesarean section delivery. [Aji DP. 2006]

The effectiveness ratio is the ratio that describes the success or failure of the institution in achieving its goals. In this case by comparing the revenue realization with the revenue target set.

$$\text{Effectiveness ratio} = \frac{\text{revenue realization}}{\text{revenue targets set}} \times 100\%$$

$$\text{Effectiveness ratio} = \frac{1.494.386.200}{2.134.593.156} \times 100\% = 0.70$$

$$\text{The effectiveness ratio of SC patients} = \frac{414.469.000}{811.810.638} \times 100\% = 0.51$$

$$\text{The ratio of effectiveness of vaginal patients} = \frac{354.221.100}{265.568.749} \times 100\% = 1.33$$

$$\text{BPJS patient effectiveness ratio} = \frac{5.498.833.121}{8.330.455.391} \times 100\% = 0.66$$

$$\text{The effectiveness ratio of Jamsoskes patients} = \frac{3.033.019.351}{4.472.022.221} \times 100\% = 0.68$$

$$\text{The effectiveness ratio of Askin patients} = \frac{114.826.686}{155.980.801} \times 100\% = 0.74$$

From the financial data above, it can be seen that the financial achievement of PONEK patient services for vaginal intercourse patients has reached the ideal 100% target, but for cesarean sexia patients it has not reached the ideal target of 100%. The failure to achieve these targets was due to the low INACBG's tariff set by the government. From the data above, it can also be

seen that there is no big difference between the ratio of effectiveness of both BPJS, Jamsoskes and Askin patients. [Hadirezma R. 2010]

The efficiency ratio is a ratio that describes the ratio between the amount of expenditure incurred and the revenue realization.

$$\text{Efficiency ratio} = \frac{\text{total hospital expenditure}}{\text{Total Realized income}} \times 100\%$$

$$\text{Efficiency Ratio of vaginal delivery} = \frac{60.286.200}{46.108.257} \times 100\% = 130.7$$

$$\text{Efficiency Ratio of vaginal delivery} = \frac{110.828.200}{214.210.193} \times 100\% = 51.7$$

$$\text{Efficiency ratio} = \frac{171.114.400}{260.318.450} \times 100\% = 65.7$$



From the data above, it can be seen that with the current INACB's rates, the hospital is still unable to perform the efficiency ratio well. The cost deficiency is more dominant in hospital medical services.

From the results of distributing questionnaires to patients served in the emergency room of the Midwifery Hospital Dr. Mohammad Hoesin Palembang obtained patient satisfaction index results of 5957. So from these results Dr. Mohammad Hoesin Palembang can be categorized as satisfied with the services provided. Patients feel satisfied in the interval 4855 - 5996. GDR (Gross Death Rate) according to the Indonesian Ministry of Health (2005) is a general mortality rate for every 1000 patients discharged. This indicator provides an overview of the quality of hospital services. The ideal GDR value should not be more than 45 per 1000 discharged patients, unless there are special events such as disease outbreaks, natural disasters, war and others, the ideal GDR standard is <45 per 1000 patients discharged. Anghka GDR for PONEK service at Dr Mohammad Hoesin Hospital from October 2014 to March 2015 was 14, which means that it meets the GDR standard of the Ministry of Health. From 1268 patients served according to PONEK standards, the following results were obtained: According to the standard clinical pathways = 1169 patients, not according to standard clinical pathways = 99 patients. The level of compliance with clinical pathway standards = 92%.

Response times can be measured based on the service time provided to patients. According to PONEK standards, the operating room response time is 30 minutes and no later than 1 hour. During October 2014 to March 2015 there were 323 cesarean section operations. Of those, 103 cesarean sections (32%) had a response time of more than 1 hour. The causes of the long response time are shown in the following table

From the data above, the delay in response time is still quite high for cesarean section operations that support PONEK services at Dr Mohammad Hoesin

Hospital, Palembang. Some of the delays that have occurred can still be reduced or overcome by adding additional advice and infrastructure and improving existing SOPs. [Ni Ketut Supadmi R, et al.2010]

Learning and growth should describe efforts to continuously improve the productivity and quality of services of a hospital or unit within the hospital organization. Measures used in this perspective are the commitment to conduct training, the performance of hospital staff who are part of the PONEK service, the hospital's commitment to improving the facilities and infrastructure that support PONEK services.

Of the 61 midwifery staff involved, only 62% had trained PONEK from the 100% target, and only 5% had been trained in neonatal resuscitation from the 100% target and only 8% were trained in lactation management from the 100% target. From the employee attendance fingerprint data, it can be seen that the punctual attendance of Dr. Mohammad Hoesin Hospital employees on the PONEK team is as follows:

From the table above, it can be seen that the on-time attendance of employees involved in the PONEK team every month has not yet reached 100%.

Most (66.4%) of employees agree that benefits can improve employee performance and 29.3% disagree that the benefits given will affect employee performance. Regarding facilities and infrastructure, it can be seen that there is not much difference in the attitude of employees towards facilities and infrastructure, where as many as 50% of employees think the facilities and infrastructure have been well managed so that it supports employee performance and 48% do not agree that the management of facilities and infrastructure is perfect in affect performance. In terms of supervision, it can be seen that all employees stated that in daily implementation the PONEK team received good supervision so that it really supported the team's performance. It can be seen from the data



that those who agreed with the supervision that had been carried out were 100%. As many as 63% of employee respondents answered that they agreed with good superiors' support so that it supported the performance of the existing team. And as many as 36% disagree that superiors have provided good support for team performance. [Kaplan et.al. 1996]

Commitment to the organization has been given well, this can be seen from the results of a questionnaire which states that 80% of employees agree that they are strongly committed to the organization and only 20% disagree or do not show a strong commitment to the organization. 70.6% of employees show a desire for achievement, of course this is a strong motivation for employees to succeed in every job, in this case, of course, PONEK services. And only 18.3% disagree and it means that only a small proportion do not show the desire to achieve. The results are extraordinary, where 99% (27.5 strongly agree and 71.5 agree) employees agree and understand very well that to achieve success in work, cooperation is necessary. Good cooperation will greatly support the success of the goals of the work. From the data above, it can be seen that the attitude of RSMH employees who are generally proactive towards their work, this can be seen from the results of the questionnaire which states that 87.4% (81.2% + 6.2%) of the results of the employee questionnaire answered that they had a perspective in their work. be proactive to make work more successful. [Imelda RHN. 2004]

From the results of distributing questionnaires to the medical staff of the PONEK team in the Emergency Room, Dr. Mohammad Hoesin Palembang obtained work motivation results of 1260. So that from this result the motivation of Dr. It can be concluded that Mohammad Hoesin Palembang has very high work motivation. So the score for employee performance is: (+1). Facilities and infrastructure are sufficient, but there are still some shortcomings that need improvement. The score for facilities and infrastructure is: (+1). The total performance of the

PONEK team at DR Mohammad Hoesin Hospital Palembang based on the Balanced Scorecard is 6 divided by 10 total points, namely = (+ 0.6). [Dangang S. 2012]

The next step is to determine the boundaries of "less", "sufficient" and, "good" is less than 50% (score 0), and the performance is said to be "good" if it is more than 80% and it is assumed that 80% is equal to 0, 6. The rest are "fair" areas, which are between 0-0.6. Thus it can be interpreted that the Dr Mohammad Hoesin Hospital Palembang after implementing the Balanced Scorecard will be located in a "good" area because 0.6 lies between 0.6-1. Schematic overview of the area of Dr. Hospital's Comprehensive Obstetric Neonatal Care Balanced Scorecard Moh. Hoesin Palembang can be seen in Figure 7.2.

The Balanced Scorecard is a tool for measuring the performance of a company, organization or work unit such as the PONEK team. The advantage of using a balanced scorecard is, of course, because the assessment uses 4 perspectives so that it has a balance of the four angles and factors that move in the organization. This performance appraisal should be a routine activity at least once a year so that we can see the progress of the achievement and the problems that accompany it. Assessment with a balanced score card can also be a tool for monitoring and evaluating performance and subsequently as material for reports on the global performance of a hospital. [Djojodibroto, D, 1997]

From the results of the research conducted, it was found that several factors were supporting and inhibiting factors for the implementation of PONEK in Dr. Moh Hoesin Palembang as follows: 1) There is a commitment from the leadership and management of Dr. Hospital. Moh Hoesin Palembang to support the implementation of PONEK services as stated in the issuance of several director's decrees and also the formation of the Hospital PONEK organization. 2) There is socialization about PONEK both internally to hospital staff Dr Moh Hoesin and to stakeholders,



namely surrounding hospitals that refer pregnant and maternity patients so that it can facilitate synergy services for pregnant and childbirth mothers. 3) Motivation and discipline of employees and officers involved in PONEK has been satisfactory, although efforts still need to be improved and monitoring to maintain the existing good performance. 4) There was a serious effort from the board of directors and hospital leadership in the provision of service equipment and training facilities in order to support the improvement of the quality of PONEK services at Dr Moh Hoesin Hospital, Palembang. 5) There is a structured and scheduled training to increase the number of trained PONEK personnel at Dr. Moh Hoesin Hospital, Palembang.

The factors inhibiting the implementation of PONEK are as follow: 1) The operating time response is still low for cesarean section surgery is a major

obstacle in PONEK services at Dr. Moh Hoesin Palembang, this is due to the absence of a special operation room for PONEK which is not mixed with other operating rooms so that patients do not need to queue for operating rooms because there is no operating room that is being used by operating services from other departments. 2) The structure of the hospital design was built long before the establishment of standards for the PONEK hospital, of course changing the existing structure of the old building is not an easy thing to do.

Finally, of course, this research is still far from perfect and has several limitations, namely the extensive and quite extensive PONEK services and the very complexities of a balanced scorecard assessment, making some issues impossible to discuss in-depth due to limited research time.

Table 1. The number of midwifery patients based on health insurance at Dr. Moh Hoesin General Hospital Palembang, October 2014-March 2015

No	Insurance	Months						Total
		Oct' 14	Nov '14	Dec '14	Jan '15	Feb '15	Mar '15	
1	Poor insurance	34	23	31	21	15	14	138
2	General	5	1	18	8	7	5	44
3	BPJS 1	28	26	38	23	20	19	154
4	BPJS II	32	25	24	25	22	13	141
5	BPJS. III	69	54	53	55	46	53	330
6	Health social security	61	77	79	70	58	67	412
Total		229	206	243	202	168	171	1219

Table 2. Types of delivery for obstetric patients at Dr. Moh Hoesin General Hospital Palembang October 2014 March 2015

No	Diagnosis	Months						Total	
		Oct'14	Nov '14	Dec'14	Jan '15	Feb'15	Mar'15	Person	%
1	Normal labor	122	93	109	92	78	72	566	46.4
2	SC	90	100	104	86	90	84	554	45.4
3	Another action	14	21	15	23	13	13	99	8.2
Total	Person	226	214	228	201	181	169	1219	100
	%	18.6	17.5	18.7	16.6	14.8	13.8	100	



Table 3 Causes of delayed response time for cesarean section surgery

No	Causes of Delay	Total	Percentage
1	OK full	85	82.5
2	Waiting for the Laboratory	7	6.7
3	Tool not ready	4	3.8
4	Doctor is late	4	3.8
5	The patient's family is not ready	2	1.8
6	Power failure	1	0.9
Total		103	100 %

Table 4 Number and types of RSMH midwifery staff training PONEK

NO	Type of Training	The total of personnel				Total
		Trained		Not Trained		
		Total	%	Total	%	
1	PONEK	26	42	35	58	61
2	Neonatal Resuscitation	3	5	58	95	61
3	Lactation Management	5	8	56	92	61

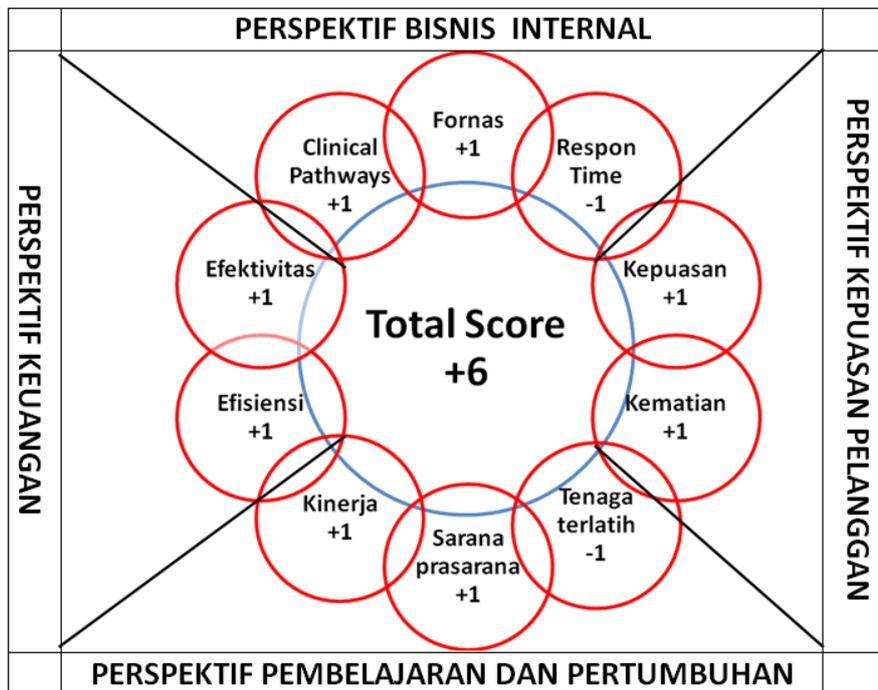


Figure 1. Balanced scorecard scoring

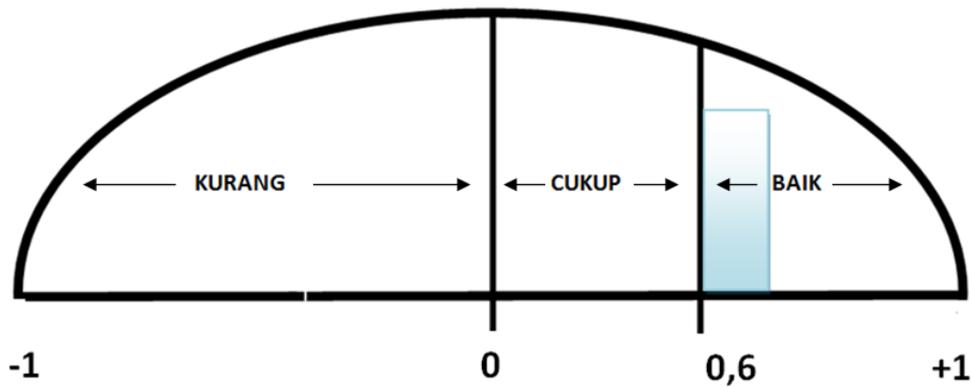


Figure 2. Area balanced scorecard

4. Conclusion

From the results of the measurement of the performance of the PONEK team at Dr. Mohammad Hoesin Hospital, Palembang, show that the performance of the PONEK team is good from these four perspectives because the current points are only +0.6 on a scale -1 to +1.5.

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