

A MODEL SERVPERF IN SURGICAL TREATMENT SERVICES FOR “BPJS” NON ARMY PATIENTS AT THE NAVAL HOSPITAL DR. RAMELAN SURABAYA

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ABSTRACT

This article discusses national health insurance-based medical services for the community in patient surgery for Social Security Administrator Board (BPJS) non army at the Naval Hospital Dr. Ramelan in Surabaya. The main problem is whether Tangibles factors; Reliability; Responsiveness; Assurance; Empathy; Expertise; Outcome contributed to the surgical treatment of “BPJS” non army patients at the Naval Hospital Dr. Ramelan. The main focus of this analysis is the use of SERVPERF's Services Quality Model to analyze the factors that support and hinder the service of surgery for “BPJS” non army patients at the Naval Hospital Dr. Ramelan. The research was carried out in a descriptive case-based quantitative study with in-depth interview, documentation and questionnaire techniques, to assess service quality class intervals based is used on the mean and standard deviation. The results of the study show that surgical treatment services in 2015-2016 found a tendency of the increasing number of surgery mainly on major surgery and special surgery, because hospitals can respond to public trust in the sense that medical service employees are able to implement excellent services for “BPJS” non army patients so that patients are satisfied with services provided. The findings that still need to be improved are the Assurance factor in line with the development of science and technology as an effort to increase the competitiveness of human resources and the availability of facilities equivalent to international hospitals.

Keywords: SERVPERF model, “BPJS” Non Army, Surgical Treatment Services

1. INTRODUCTION

The study on service of the act of surgical has received much attention (Weiser et al., 2008); (Mock et al., 2010); Akenroye, O., et al (2013); Doruk Orgediz, et al (2009); Rele Olegunde et al (2014), the need to develop priorities to address surgical conditions globally as well as the public health burden of having procedures that are very good and worthy of being promoted globally. which focus primarily on national and international efforts (Mock, C., Cherian M, et al, 2010), and research to measure the effectiveness of the reach of surgical services and estimate the resources needed and to improve access to surgical services as well as

strategies and frameworks of surgical treatment improvement in low- and middle-income countries and developed countries (Mock et al., 2010); (Akenroye, OO, et al, 2013); (DorukOrgediz, et al, 2009); (ReleOlegunde et al, 2014).

Surgery is one of the important medical actions in health care and is one of medical actions that aim to save lives, however surgery is also can cause complications that can endanger lives (Syamsuhidayat, R and Jong WD, 2005). In surgery services, operating rooms are places that have a crucial role in the hospital and must be managed as well as possible because surgery requires treatment costs, operating costs

(operate) and expensive resources, operating rooms cost 9 % of the yearly budget for normal conditions (Kozan, 2012; Gordon et al, 1988), when an hour of overtime occurs, the costs incurred are 1.75 times higher than the costs that must be incurred under normal conditions (Dexter & Traub, 2002). On the other hand, (Denton, Viapiano, & Vogl, 2007) states that from 60-70% of hospital expenses, around 40% is spent on activities in the operating room. The amount of operating costs is due to the number of resources used to carry out operations including staff (example: anesthetists, surgeons, nurses, etc.) equipment and facilities (for pre-operative, perioperative and post-operative). Increased incidence of cancer, cardiovascular disease and traumatic injuries, the effect of surgery on the public health care system will increase. In addition, surgery is also often the only way or therapy that can reduce the risk of death and reduce disability in some conditions. Every year more than one hundred million people get surgery due to different medical reasons, but the highest is due to traumatic injuries, complications of pregnancy and to treat malignancy (WHO, 2009).

In developed countries, there is a possibility of 3-16% for the occurrence of complications in surgery, while the death rate reaches 0.4-0.8%. Where half of the unexpected events or adverse event scan actually be prevented. In developing countries, the mortality rate associated with surgery is 5-10%. In addition, infections and post-operative complications (post-operative) are also of serious concern in various countries (WHO, 2008). High rates of complications and deaths from surgery cause surgery to be a global health concern 3%

complication assumption and 0.5% mortality rate, nearly seven million patients experienced major complications including one million people who died during or after surgery per year (Weiser et al., 2008).

Eight retrospective studies of adverse events in the hospital, 9.2% incidence in the hospital and almost half were preventable 43.5%, more than half of adverse events patients 56.3% had minor disabilities, 7% permanent disability and 7.4% cause patient death. The biggest adverse event occurs when the patient is in the hospital 80.8% and in the surgery is 58.4% of all adverse event in the hospital. From the adverse events in the hospital, the majority 41% occur in the operating room (de Vries, Ramrattan, Smorenburg, Gouma, & Boormeester, 2008), therefore the prevention of adverse events in the operating room is an important part in improving the quality of surgery (Levy et al., 2012).

Research and Learning Service (RLS) data in the UK in the period of August 2007 to August 2008, there were 26 cases (3.6%) of wrong patients, 353 cases (48.6%) occurred incorrectly on surgical procedures (Panesar et al, 2009). Further exploring this, this article analyzes national health insurance-based medical services for all communities through hospitals. In Indonesia, this strategy is the government's target to ensure equitable distribution of health services, in this case specifically for surgical treatment services for "BPJS" non army patients. Surgical services at the Naval Hospital Dr. Ramelan Surabaya is an integrated service which includes planning, emergency operations and One Day Care (ODC) operations, which are surgical treatment services that require supervision

shortly after surgery, and diagnostic actions The aims of this article is to analyze in service of the act of surgical patients and to study the factors that obstructing and encouraging in service of the act of surgical patients "BPJS" non army at the Indonesian Naval Hospital Dr. Ramelan Surabaya, Indonesia.

1.1. Public Management

Public management is a complex performance of the actors, namely the government and all its employees to serve the public as well as possible and the public feels that all their desires are fulfilled by the performance style or arrangement within the public organization itself. The arrangement is not purely to achieve organizational profit, but to serve consumers, namely the community so that they must pay attention to the management of all aspects that support organizational performance. Public management is a media or determinant actor who has a role in every social problem and this is done in the form of discourse or debate and make improvements as well as implement each people's mandate as a form of accountability to the people. This kind of role is seen in the government and every policy-making actor and regulator of every social problem and arrangement, while the focus of public management is the strategy related to the external environment and the organization's mission and goals.

Nor Ghofur in Sirait (2017) stated that public management is government management, meaning that public management also intends to plan, organize, control services to the community, while (Tampubolon in Hidayat et al, 2017) service means, "People who do something good for

others ... therefore, a good servant is "serving, not being served"(.Zeithaml et al in Sitorus, 2009) Service is "Economic activities whose output is not physical product or construction, it is generally consumed at the time it is produced, and provides added value in forms (such as convenience, amusement, timeliness, comfort, or health) that is essentially intangible concerns of its first purchaser. According to Widodo (2001) public services are defined as providing services (serving) the needs of people or communities who have an interest in the organization in accordance with the main rules and procedures that have been established ", while (Saefullah in Yendra,2013) defines" Public services are activities carried out by officials in various institutions to provide services to the public, both direct and indirect ", while Lewis and Gilman in (Ferdiansyah and Hidayat, 2016), define: Public services are public trust.

The service quality model of SERVPERF Prajmutita M. Lyn (2014) provides evidence of a strong causal relationship to service quality and is seen as a cognitive value. The variable of the framework development of SERVPERF Model namely Tangibles includes the physical appearance of services; Physical facilities; Worker appearance; Tools or equipment used to provide services; Physical representation of services, such as plastic credit cards or bank statements; Other customers in service facilities. Service Quality Model (Parasuraman et al, 1988); Reliability includes consistency in performance and reliability. That is, the organization shows immediate service, meaning the organization respects its promise. In detail include: accuracy of bills; correct record keeping; accuracy of

schedule; Responsiveness, desires or readiness of workers in providing services including: immediate delivery of transaction receipt, addressing customer responses quickly, providing preliminary services; Assurance is the knowledge and the ability of workers to be trusted and confident include: communication, credibility, security, competence, courtesy, understanding / knowing, access; Empathy, is the concern of the organization for customers; Expertise, Expertise in serving customers Outcome, as a result of service (Prajimutita M. Lyn, 2014).

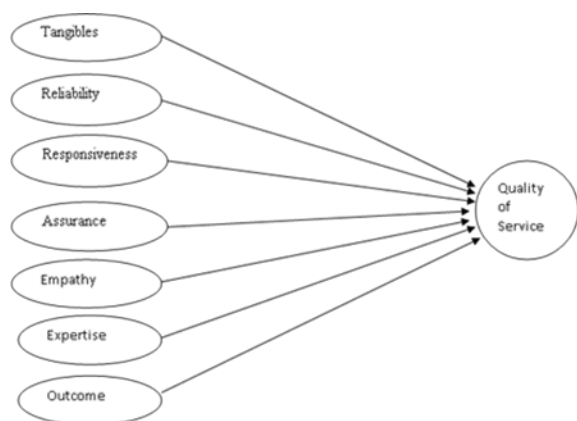


Figure 1. Model: SERVPERF Services Quality Model Prajmutita M. Lyn (2014)

2. MATERIAL AND METHODOLOGY

This article is based on the results of descriptive qualitative research (Singarimbun & Effendi, 1985), aims to analyse the factors that support and inhibit the surgical treatment services of “BPJS” non army patients in Rumkital Dr. Ramelan, Surabaya with SERVPERF Services Quality Model perspective (Prajitmutita, 2014) which includes: Tangibles, Reliability, Responsiveness, Assurance, Empathy, Expertise, Outcome. This variable is measured

through 7 indicators that give rise to Service Quality. The quality of services received is what is referred to as a measure of service quality. This study uses case studies to realize the real environment and aims to study phenomena in depth (Yin, 2006). The case study approach was adopted and data was collected using documentary reviews and in-depth investigations of key informants and supporting informants. Key informants were the head of the hospital, head of the surgical department, head of the surgical room, oncologist, and digestive surgeon. Supporting informants were patients BPJS non army. Selection of informants by purposive sampling method.

3. RESULT AND DISCUSSION

Research on quality of surgical services at the Naval Hospital Dr. Ramelan Surabaya through the theory of service quality according to Services Quality (service quality) SERVPERF Model Prajmutita M. Lyn (2014) which includes: (1) Tangibles include the physical appearance of the service; physical facilities, appearance of workers, tools or equipment used to provide services, physical representation of services. All of these assessments show that service quality is very good. The availability of sufficient physical facilities such as surgery services building is quite sufficient, the appearance of employees of the surgical department in accordance with applicable rules, the availability of tools used to carry out surgical services is sufficient, the accuracy of the number of bills is in accordance with the patient category. (2) Reliability includes consistency in performance and reliability. That is, the organization shows immediate service

means the organization respects its promise. These empirical findings indicate the consistency of service performance and the reliability of the surgical specialist qualifications that each specialist doctor has. The schedule of the surgeon's practice and planning of operating scheduling in the operating room are in accordance with the Standard Operating Procedures (SOP). After performing surgery the surgical secretariat prepares documents to be sent to the "BPJS" controller which will then be claimed to "BPJS". (3) Responsiveness (responsive), desire or readiness of workers in providing and responding to patient complaints. The findings in the field show that the ability to deal with the response of surgical patients has been carried out quickly. The willingness and readiness of workers in providing services shows high consistency. (4) Assurance is the knowledge and ability of workers to be trusted and confident, including: communication, credibility, security, competence, courtesy and surgical service flow. In the knowledge indicator and the employee's ability to be trusted and confident. The findings show that patients and families obtain information in a language that is easily understood and understood such as an explanation of surgical service procedures or costs. The interests of patients and families are the most important. The security of financial data or the confidentiality of medical records of surgical patients is guaranteed. The expertise and knowledge of the surgical department employees are in accordance with the applicable qualifications and SOP. Ease of access to services has been fulfilled. Surgical actions with a fast time span and carried out according to the SOP. The location of

the surgical procedure has been adjusted to the patient's condition and the comfort needs have been met very well. (5) Empathy is the concern of the organization for customers. The results in the field show that a form of care for patients with surgical treatment with a form of spiritual service in accordance with the beliefs of each patient, counseling and consultation to patients. (6) Expertise in serving customers is shown by the data of the surgeon in the qualifications they have. The facts in the field prove that the achievements in the results of surgical services in terms of the quantity of patients successfully managed, the existence of public trust, especially surgical patients to the surgical services of the Naval Hospital Dr. Ramelan Surabaya. (7) Outcome as a result of service. Empirical evidence of performance on surgical attendants is shown by the number of "BPJS" non army patient operations and major operations and specifically in 2015 and 2016. In the first quarter of 2015 the number of people operated on the Naval Hospital Dr. Ramelan total of 404 patients, of which 252 patients or 62.38% were major and special operations and the surgery continued to increase until the fourth quarter of 2015 of 509 patients and of these 329 patients or 81.44% were major and specialized operations and in the first quarter of 2016 the number of people operated on was 569 patients and from that number 394 patients or 97.52% were major and special operations and continued to experience an increase until the fourth quarter of 785 patients and of these 535 patients or 132.43% were major and special operations. The number of patients operated on the Naval Hospital Dr. Ramelan is inseparable from the surgical service action

model that is applied by the leadership in managing the hospital where surgery is the largest income in the hospital, especially in large and specialized operations. The results of this service are supported on Product, Price and Promotion aspects, from these three indicators produce the brand of the Naval Hospital Dr. Ramelan Surabaya.

3.1. Model of surgical treatment services for BPJS non army patients at the Naval Hospital Dr. Ramelan Surabaya

The findings indicate that the surgical treatment services in patients are given excellent, as a form of public service that is good and expected by the community in general as found by Louise C. Ivers et al (Ivers et al., 2008). This achievement is a surgical service model at the Naval Hospital Dr. Ramelan deserves to be promoted globally for national and international efforts as found (Mock et al., 2010); Meena Cherian (Mock et al., 2010). The results of this study indicate that the public health burden has procedures that are very good and worthy of being promoted globally which are the main focus for national and international efforts.

Surgical services at the Naval Hospital Dr. Ramelan Surabaya is already good and needs to increase access to surgical services to the public to be more effective as found by Doruk Orgediz, et al (Ozgediz et al., 2009) and requires the support of active participation from local authorities and collaborate with service providers from developed countries. Surgical care expenses are increasing (World health statistics 2009, 2009) as Olusola's findings o. Akenroye, et al (Akenroye et al., 2013).

Research on surgical services at the Naval Hospital Dr. Ramelan is a concrete example in reviewing aspects of national and global surgical services as found by Olegunde, et al (Ologunde et al., 2014). Continuous improvement and improvement of surgical treatment is also applied specifically to surgical patient services and producing brand at the Naval Hospital Dr. Ramelan Surabaya which provides quality services and is supported by all personnel, especially from the management. In the model (Prajimutita M. Lyn, 2014) with an assessment of 7 service quality indicators including Tangibles, Reliability, Responsiveness, Assurance, Empathy, Expertise, Outcome, it is necessary to develop the SERVPERF model Prajimutita M. Lyn (2014) on surgical treatment services for BPJS non army” patients at the Naval Hospital Dr. Ramelan Surabaya with an assessment of 10 indicators which include: Tangibles, Reliability, Responsiveness, Assurance, Empathy, Expertise, Outcome, Product, Price and Promotion.

4. CONCLUSION

Surgical treatment services of “BPJS” non army patients at the Naval Hospital Dr. Ramelan is given with excellent (excellent) perspective in SERVPERF's Quality Service Model Prajimutita M. Lyn, 2014, this is supported by Tangibles factors; Reliability; Responsiveness; Assurance; Empathy; Expertise; Outcome in the form of room arrangement of operating room, suitability of surgical equipment and good equipment maintenance, as well as skills and knowledge of skilled medical personnel / specialist doctors in accordance with specialist expertise as well as sufficient number of

personnel to perform surgery and good work motivation. The factors that hinder the service of surgery are the readiness of the tools and knowledge of health personnel and paramedics

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