

Supplement

Factors Affecting Decreasing Patient Visits at Ob-Gyn Polyclinic of Outpatient Installation of "X" Hospital

Faktor-faktor yang Mempengaruhi Penurunan Kunjungan Pasien di Poli Obgyn Intalasi Rawat Jalan RSU "X"

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ABSTRACT

In early 2020, the SARS-CoV-2 or Covid-19 outbreak resulted in decreasing number of patient visits at "X" Hospital. "X" Hospital has set a target of health services in the outpatient installation as many as 5,500 patient visits per month, but the 2020/2021 data showed a downward trend in patient visits, with the most significant decline in the Ob-Gyn polyclinic that reached 50%. Several factors could cause this decline, including the suboptimal promotion of the hospital's leading programs, a suboptimal response from the customer service officers, specialist doctors who do not only work at "X" Hospital that causes priority clashes, unclear signboards at the hospital, an uncomfortable waiting room at the outpatient polyclinic, patients who often cancel the visits, faulty online registration, and no patient satisfaction measurement in the outpatient installation. These situations will eventually cause increasing operational costs. This study aimed to determine the factors that caused decreasing patient visits at the Ob-Gyn polyclinic of "X" Hospital. This research used questionnaires distributed to patients in the Ob-Gyn polyclinic totaling 135 respondents and google forms distributed to the employees of "X" Hospital. The collected data were processed using descriptive statistics. From the study results, the three main factors that caused the decreasing patient visits are the suboptimal promotion of the hospital's leading programs, the suboptimal response of the customer service officers, and the absence of patient satisfaction measurement at the outpatient installation.

Keywords: Hospital marketing, Ob-Gyn polyclinic, patient satisfaction measurement, promotion of hospital programs

ABSTRAK

Pada awal tahun 2020 terjadi kemunculan wabah virus Sars Covid-19 berdampak pada penurunan jumlah kunjungan pasien di RSU "X". Hal ini disebabkan oleh kekhawatiran masyarakat terhadap penularan virus covid-19. RSU "X" menetapkan target pelayanan kesehatan di Instalasi Rawat Jalan sebanyak 5.500 kunjungan pasien per bulan, namun data tahun 2020 - 2021 menunjukkan tren kunjungan pasien menurun dengan penurunan terbesar terjadi pada poli obgyn. Perbaikan pada pelayanan rumah sakit harus segera dilaksanakan untuk mengatasi permasalahan ini, karena semakin sedikit kunjungan pasien akan menambah beban biaya operasional. Untuk mendapatkan akar permasalahan dan membuat kebijakan terbaik guna menganggulangi masalah tersebut dilakukan penelitian ini. Penelitian ini menggunakan pendekatan deskriptif dengan metode pengumpulan data melalui observasi lapangan, studi literatur, brainstorming, dan melakukan FGD (*Focus Group Discussion*) dengan staff instalasi rawat jalan dan marketing. Dari data-data yang terkumpul kemudian diolah dengan melihat kesesuaian antara laporan dengan indikator standar untuk melihat adanya permasalahan pada sisi pelayanan rumah sakit. Akar masalah ditentukan dengan menggunakan alat bantu fishbone diagram. Dari hasil penelitian yang telah dilakukan, ditemukan 3 faktor utama pemicu terjadinya penurunan kunjungan pasien poli obgyn di RSU "X". Faktor dengan nilai tertinggi adalah kurang optimalnya promosi program unggulan RS, yang kedua adalah respon admin customer service yang kurang optimal, dan yang ketiga adalah belum adanya pengukuran kepuasan pasien di instalasi rawat jalan.

Kata Kunci: Penurunan jumlah pasien, pemasaran rumah sakit, poli obgyn, promosi program RS

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INTRODUCTION

An excellent health service is one of the public needs and often becomes the measurement of the success of the development. Health services are the needs of every citizen, so the Indonesian government is expected to make efforts to run programs that can improve overall health services from time to time(1).

Health development is an integral part of national development, so in the "Indonesia sehat 2025" program, the Indonesian government hopes that citizens can access quality health services and obtain health insurance (2). Hospitals are a service industry that is labor, capital, and technology intensive. Since the quality of hospital services is crucial, the focus of the hospitals is to provide quality services to patients according to existing standards. Thus, every hospital needs to maintain and improve the quality of its services.

The concept of service quality can be used as an effort to improve service quality. The principle of service quality is to provide customer satisfaction, both service quality and product quality. It can be achieved if processes, systems, and humans are integrated. "X" Hospital has experienced a decreasing number of outpatient visits, which could be caused by a gap in the quality of health services.

Hospitals must always maintain patient trust by improving services so that patient satisfaction keeps increasing. Patient satisfaction is obtained both from improving the physical environment facilities and from the interaction between patients and officers in providing health services. Suryawati & Dharmino (2006) stated that attitudes, behavior, statements, care, friendliness of officers, and ease of obtaining information and communication rank high in the patient perception of satisfaction(3).

Examining the problem of the quality of health services is not easy since health workers who serve patients directly have the responsibility to save patients' lives by providing quick, precise, and accurate health services (4). At the beginning of 2020, the SARS-CoV-2 or Covid-19 outbreak resulted in changes to the health services provided at "X" Hospital. This situation has impacted all hospitals in Indonesia, one of which is the decreasing number of patient visits.

Due to the importance of social distancing during the Covid-19 pandemic, routine visits to healthcare facilities have become limited, so many routine and effective health services were also temporarily suspended, and service delivery has begun to be adapted to the development of the pandemic(4). Research conducted by

Halim and Wulandari (2013) found that the decrease in patient visits occurred since the hospitals could not actualize patient perceptions and expectations (5). Another study conducted by Wiwi Ambarwati (2021) described that during the pandemic, there was a decrease in visits which resulted in a decrease in income and cash flow, as well as the quality of claims for financing BPJS patients and Covid-19 patients from the Ministry of Health in a number of hospitals-(6).

METHOD

The first stage before identifying the root of the problems was to determine the problems at "X" Hospital through field observations to find out the reality and occurring problems, a literature study to find information related to the problems, brainstorming to collect various opinions or experiences that could be used as a benchmark in making problem-solving pathways, and, lastly, Focus Group Discussion (FGD) with outpatient installation and marketing staff to equalize perceptions related to the issues raised. The root of the problems that would be used as a reference in finding solutions was determined by applying a fishbone diagram using 4M variables, namely man, material, money, and method.

Problem identification was carried out through a preliminary study conducted from August 14 to August 27, 2021. Two types of data taken during the preliminary study were primary data and secondary data. Primary data were data obtained directly from first-hand sources through interviews and observations. Interviews were conducted with the staff of "X" Hospital, such as the head of the division, the head of the ward, and the unit coordinator, while the observations were made by seeing the ongoing services at the hospital. Secondary data were obtained from sources that have been recorded, such as notes or documentation of monthly reports, annual reports, and hospital indicator reports.

After collecting the required data, the following steps were data analysis and data investigation. The collected data were then processed by checking the suitability of the report with standard indicators. If the data were not following the standards, it could be concluded that there were problems with the services.

RESULTS

The 5 WHYS method was used to deepen the problem findings obtained from the observations. The results of the 5 WHYS are shown in the following table.

Table 3. The results of the root of the problem identification on the decreasing patient visits to Ob-Gyn polyclinic at "X" using 5 WHYS

Fishbone	Direct cause	Why 2	Why 3
Man	Specialist doctors do not only work at "X" Hospital	A priority clash among patients between hospitals	
	Human HR is limited	Often get assignments beyond the job description	Many employees take turns in isolation or back up the other units
Materi	Hospital materials do not have clear signage	Patients often feel confused when looking for directions	
	Outpatient polyclinic waiting room is uncomfortable	Patients feel uncomfortable when queuing	

Table 3. The results of the root of the problem identification on the decreasing patient visits to Ob-Gyn polyclinic at "X" using 5 WHYS (Cont.)

Fishbone	Direct cause	Why 2	Why 3
Method	Suboptimal promotion of the hospital's flagship programs	The program socialization can only be done online	Lack of socialization with the community and with the referring midwife
	Patients often cancel visits	Specialist doctors are often late for practice	
Machine	Online registration errors often occur	Convolutated registration flow	Access to patient information is still not optimal
	The customer service admin response is not optimal	Access to registration at "X" Hospital is still difficult	
	No patient satisfaction measurement	The hospital does not yet know the satisfaction and expectations of patients in the outpatient installation	

Based on the table, it can be seen that the two root problems in Man are limited human resources on HUMAR (Public Relations and Marketing) and specialist doctors do not only work at "X" Hospital; the two root problems in Method are the suboptimal promotion of the hospital's leading programs and the frequent occurrence of patients canceling visits; the two root problems in Material are that the hospital does not have clear signboards and the polyclinic waiting room is not comfortable; the three root problems in Machine are that online registration errors often occur, the customer service admin response is suboptimal, and there is no measurement of patient satisfaction in outpatient installation.

The method used to prioritize the root of the problem was by using the Likert scale method. Score determination was done by filling out a questionnaire with google forms. The respondent's criteria for the scoring questionnaire to determine the root of the problems were staff, units, or

divisions directly involved with the problem and the purpose of solving the problem. Respondents from the questionnaire consisted of Ob-Gyn polyclinic staff, outpatient Patient Safety Committee, Head of the Medical Record sub-section, Head of Public Relations and marketing, head of sub-section, and deputy head of sub-section of medical services, totaling six people. The results of the questionnaire can be seen in Table 4.

DISCUSSION

The decline in patient visits occurred among hospitals. A report received by the Ministry of Health indicated that the decrease in the number of patients also affected BOR, which also decreased drastically and reached below 80%.

Based on the study results, three main factors triggering a decrease in patients visits to the Ob-Gyn polyclinic at "X" Hospital were the suboptimal promotion of the hospital's

Table 4. Questionnaire results of priority selection of root problems decrease in Ob-Gyn polyclinic patient visits at "X" Hospital

List of Problems	Scoring					TOTAL	RANK
	1	2	3	4	5		
Doctors' working hours do not follow the schedule	1	1	1	1	2	20	5
Humar HR is limited	-	1	4	1	-	18	6
The hospital does not have clear signboards	-	2	4	-	-	16	8
The waiting room of the outpatient polyclinic installation is uncomfortable	-	1	4	1	-	17	7
Suboptimal promotion of hospital's leading programs	-	-	1	1	4	27	1
Patients often cancel visits	-	2	2	2	-	18	6
Errors in online registration happen frequently	-	2	-	3	1	21	4
Suboptimal response of Customer service officers	-	1	-	2	3	25	2
No outpatient satisfaction measurement	-	-	2	2	2	24	3
Specialist doctors do not only work at one hospital	1	1	1	1	2	20	5

Note:

1 Strongly disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree

leading programs, the suboptimal response of the customer service officers, and the absence of patient satisfaction measurement in the outpatient installation.

The lack of public awareness of the hospital and the programs owned by the hospital became the main factor in the decreasing number of patients that occurred at "X" Hospital. Brand awareness significantly affects fluctuations in patient visits. Brand awareness is the first stage of building a product brand. Brand awareness includes a process that starts from feeling unfamiliar with a brand to ensure that the brand is the only one in a particular class of product or service. At a broader level, building brand awareness is highly dependent on how far customers understand that the brand is designed to meet their needs (7). Building public brand awareness is very important to set the hospital in the people's minds. According to Durianto, brand awareness is the key of assets or the key to unlocking individual actions (8). Therefore, "X" Hospital needs to promote the hospital's leading programs to the community.

The second reason is the lack of customer service response to patients who register online. Patient registration is an initial service for patients who seek treatment at the hospital. Outpatient registration is one form of patient medical services, and the hospital must be able to provide excellent service. So, whether the hospital has good service quality or the opposite could be assessed from patient registration (9). Direct registration

(offline) is when a patient or patient's family comes directly to a healthcare facility to get health examinations from health services, while indirect registration (online) means a patient or family who registers using technology facilities, such as telephone, SMS (Short Message Service), WhatsApp, and website, to get examinations from health services (10). One of the efforts to overcome patient dissatisfaction with the registration is to use the Internet in health services in hospitals. It is hoped that any possible errors in the service process are relatively lowered. Hospitals require proper data processing and registration services to meet the increasing demand for services. Data processing and registration services in hospitals are essential components in actualizing the information system in hospitals. Manual data and service management has many weaknesses, besides taking a long time, accuracy is not guaranteed because the possibility of errors is highly dependent on the human resource level (11).

The third reason is the absence of patient satisfaction measurement on the outpatient installation at "X" Hospital. The hospital hopes to increase its market share, sales, and the number of patients through a customer satisfaction strategy. By identifying customer satisfaction, the hospital can improve and develop by adjusting to the patients' perceptions. Through a customer satisfaction strategy, the hospital hopes to increase its market share, sales, and the number of customers.

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