

Analysis of Internal Business Proseses and Customer Persfektive on Zainal Umar Sidiki Gorontalo Public Hospital Pharmacy Installation

Analisis Kinerja IFRSUD Zainal Umar Sidiki Gorontalo Ditinjau Dari Perspektif Bisnis Internal Dan Pelanggan

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<p>Article Info</p>	<p>ABSTRAK</p>
<p>Article history: Received 03,10, 2025 Revised 04,22, 2025 Accepted 05,28, 2025</p>	<p>Persaingan antara Instalasi Farmasi Rumah Sakit baik milik Pemerintah maupun Swasta semakin ketat. Sehingga, IFRSUD Zainal Umar Sidiki Gorontalo Utara perlu meningkatkan kinerjanya agar mampu bersaing. Pengukuran kinerja penting bagi manajemen untuk mengevaluasi terhadap performa IFRSUD dan perencanaan yang strategis dimasa mendatang. Mengatasi masalah ini diperlukan metode pengukuran kinerja dengan <i>balanced scorecard</i>. Tujuan penelitian ini menganalisis Kinerja IFRSUD dari perspektif bisnis internal dan pelanggan. Jenis penelitian ini adalah penelitian deskriptif non eksperimental dengan pendekatan retrospektif. Teknik pengambilan sampel dilakukan dengan metode <i>purposive sampling</i> yaitu berdasarkan kriteria tertentu. Populasi pasien tahun 2020 sebanyak 8.373, diperoleh jumlah sampel sebesar 100 pasien. Data primer (<i>dispensing time</i>, ketersediaan obat, kepuasan pelanggan, keterjaringan pasien, dan pertumbuhan pelanggan. Data sekunder (<i>drug use review</i>, kesesuaian realisasi prencanaan dengan pembelian, persentase stok mati, persentase ED dan rusak, serta kepatuhan formularium). Data kuantitatif berdasarkan kuesioner dengan skala yang diisi oleh responden. Data kualitatif melalui wawancara. Hasil penelitian menunjukkan bahwa Perspektif bisnis internal yang sesuai standar yakni indikator <i>dispensing time</i>. Perspektif pelanggan yang sesuai standar yakni hanya indikator kepuasan pelanggan. <i>Balanced Scorecard</i> sebagai dasar mengatur kerangka kerja untuk proses manajemen, mendapatkan klarifikasi dan fokus terhadap strategik pada IFRSUD ZUS Gorontalo Utara, lalu mengkomunikasi strategik tersebut kepada seluruh unit/poliklinik yang ada.</p>
<p>Kata kunci Instalasi Farmasi RSUD ZUS Perspektif Bisnis Internal Pelanggan BSC</p> <p>Keywords: Pharmaceutical Installation RSUD ZUS Internal Business Perspective Customer BSC</p>	<p>ABSTRACT</p> <p>Competition between Hospital Pharmacy Installations, both Government-owned and private, is getting tighter. So, IFRSUD Zainal Umar Sidiki North Gorontalo needs to improve its performance in order to be able to compete. Performance measurement is important for management to evaluate IFRSUD performance and strategic planning for the future. To overcome this problem, a performance measurement method with a balanced scorecard is required. The purpose of this study is to analyze IFRSUD Performance from the perspective of internal business and customers. This type of research is a non-experimental descriptive research with a retrospective approach. The sampling technique is carried out by the purposive sampling method, which is based on certain criteria. The patient population in 2020 was 8,373, a sample of 100 patients was obtained. Primary data (<i>dispensing time</i>, drug availability, customer satisfaction, patient networking, and customer growth. Secondary data (<i>drug use review</i>, conformity of plan realization with purchase, percentage of dead stock, percentage of ED and damaged, and formulary compliance). Quantitative data is based on a questionnaire with a scale filled in by respondents. Qualitative data through interviews. The results of the study show that the internal business perspective that meets the standards is the <i>dispensing time</i> indicator. A customer perspective that meets the standards is only an indicator of customer satisfaction. The <i>Balanced Scorecard</i> is the basis for setting the framework for the management process, obtaining clarification and focusing on the strategic at IFRSUD ZUS of North Gorontalo, then communicating the strategy to all existing units/polyclinics.</p>

1. INTRODUCTION

The Pharmacy Installation of the Zainal Umar Sidiki Regional General Hospital (IFRSUD) North Gorontalo is one of the places to carry out drug business activities in Gorontalo Province, namely in running its business, IFRSUD is led by Pharmacists so that

it can serve drug information well with the aim of creating satisfaction in customers regarding drug information. With the growing number of IFRSUD in Gorontalo Province, the competition between Pharmaceutical Installations in each Hospital, both Government-owned and Private Hospitals, is getting tighter. Thus, the Pharmacy Installation of Zainal Umar Sidiki Hospital North Gorontalo needs to improve its quality and performance in order to be able to compete with other IFRSUD in Gorontalo Province. Therefore, to overcome this problem, a method is needed to measure performance in IFRSUD. Performance measurement methods have evolved rapidly. One of the instruments for assessing the performance of IFRSUD business units is the balanced scorecard (BSC). Performance measurement with a balanced scorecard looks at business units from four perspectives, namely financial perspectives, customers, business processes within the company, and learning and growth processes.

Performance measurement research using a balanced scorecard is often used by existing companies and agencies, to evaluate or measure performance in the company or agency. Performance measurement is also applied in Pharmaceutical Installations to measure the performance of an IFRSUD [1]. The performance of IFRSUD ZUS North Gorontalo at the initial observation stage from a direct review through direct interviews with employees is known that some services are in accordance with applicable standards and regulations. However, there are several things that are not suitable, such as in the completeness of the availability of drugs in the Pharmaceutical Installation is still lacking, due to the delay in the turnover of drug stocks that have run out, the availability of drugs that often experience vacancies due to delays in the delivery of drug stocks from the pharmaceutical supply warehouse of the health office and from related pharmaceutical wholesalers, thus causing many patients to buy drugs outside the hospital. This can affect customer comfort and satisfaction so that it spreads in terms of IFRSUD and ZUS Hospital in general which experience an up-and-down phase every month. An analysis of the performance of the pharmaceutical installation of Zainal Umar Sidiki Regional General Hospital in North Gorontalo Regency from the perspective of internal business processes and customers needs to be carried out, because considering that in September in 2019 ZUS Hospital experienced a decrease in hospital type from the original C to type D and ZUS Hospital is still relatively new (\pm 6 years running). The above basic things are the reason for researchers to research internal business processes and the extent of customer satisfaction. Because, it is indeed the cause of declining profits from hospitals and delays in the construction of facilities and infrastructure as a whole. A series of initial observation presentations from researchers are problems that researchers deepen with the performance measurement method through BALANCED SCORECARD (BSC). The Balanced Scorecard concept can also be used as an indicator to assess the success of the Hospital. In order to provide quality services through continuous performance improvement and improvement of human resource quality, it is necessary to analyze performance that can be useful to improve quality services, performance improvement can be achieved and the data obtained is used as the basis for further performance improvements. With the hope of being able to contribute to the strategic surge for the sake of economic benefits and overall development at the Zainal Umar Sidiki Regional General Hospital, North Gorontalo Regency [2]. The purpose of this research is not only as a case study and analysis of the Performance of the Pharmaceutical Installation of Zainal Umar Sidiki North Gorontalo Hospital from the perspective of internal business,



from the perspective of customers, with suggestions for existing improvements, including improving the series of management processes, including accelerating the presentation of contract doctors so that there is no vacancy in the provision of services in terms of diagnosing and treating patients. Also, it is necessary to think about collaborating with the private sector. Thus, it can add to the treasure of information for all hospitals to overcome problems related to this research, namely from the perspective of internal business processes and customers.

2. METHOD

The research conducted is a non-experimental descriptive research with a retrospective approach. The sampling technique is carried out by the *purposive sampling* method, which is a sampling method based on certain criteria. The patient's sample is taken based on certain considerations, namely for patients who have not or cannot take the questionnaire, are represented by the waiter (the patient's family) or who accompany intensely during treatment or treatment, for pediatric patients, the respondents are parents or those who accompany them, and there is no distinction between new patients and patients who have previously used services [3]. The research was carried out at Zainal Umar Sidiki Hospital, North Gorontalo Regency from the second week of December 2020 to the end of February 2021 after obtaining a research permit and approval from the Health Research Ethics Commission (KEPK) of Gorontalo State University with number 97/UN47. B7/KE/2023. The subjects of the study are patients or families of outpatients and inpatients as well as staff/employees at the Pharmacy Installation of Zainal Umar Sidiki Hospital, North Gorontalo Regency. Based on the population of inpatients and outpatients in 2020 as many as 8,373 patients and using the slovin formula and the desired error rate of 10%, the number of samples that must be taken is 100 patients, with details as presented below in the following table:

Table 1. Sample Distribution

Number	Instalasi Service	Patient Population	Number of samples
1	Outpatient	1.853	$1.853/8.373 \times 100 = 22$
2	Inpatient	6.520	$6.520/8.373 \times 100 = 78$
Jumlah		8.373	100

Source : The medical record section has been reprocessed

Primary data analysis (dispensing time, drug availability, customer satisfaction, patient networking, and customer growth) using Microsoft excel which is easy to use and based on the author's budget is qualified to analyze descriptive statistical data. Meanwhile, secondary data analysis (drug use review, suitability of plan realization with purchase, percentage of dead stock, percentage of ED and damaged, and formula compliance) with manual calculation, namely by matching based on physical conditions (drugs and documents) when the study was conducted. Quantitative data is based on a questionnaire with a scale filled in by respondents and direct observation. Qualitative data was obtained through in-depth interviews. Then the data that has been analyzed are



grouped and distributed to each variable. The value of each indicator studied and the value that has been obtained is then compared with the existing standard value. The data obtained are presented textually in descriptive sentences.

3. RESULT

3.1 INTERNAL BUSINESS PROCESS PERSPECTIVE

3.1.1 Dispensing Time

Table 2. Dispensing Time IFRSUD ZUS

Information	Dispensing time (Outpatient)		Dispensing time (Inpatient)	
	Non- Drug	Drug Mixing	Non- Drug	Drug Mixing
	Mixing (minute)	(minute)	Mixing (minute)	(menit)
Sample Quantity (medicine prescription sheet)	21	1	76	2
Minimum	10m 11s	22m 16s	10m 11s	21m 49s
Maximum	14m 6s	22m 16s	14m 31s	25m 30s
Average	12m 8s		12m 6s	23m 39s
Standard Deviation	1m 21s		1m 21s	2m 69s

<30 minutes for non- drug mixing recipes and <60 minutes for drug mixing recipes [4] and [5]

Source: reprocessed SPSS output

All activities related to prescription services at IFRSUD ZUS of North Gorontalo are indeed fully in accordance with the specified standards. The problem of the length of time for providing services is actually not a problem, because there is no accumulation of prescriptions as observed by the author.

3.1.2 Drug Availability Level

Table 3. Availability of Inpatient and Outpatient Medicines for IFRSUD ZUS in 2020

Month	Availability of Inpatient Medication			Availability of Outpatient Medications		
	Number of drug items handed over	Number of Items in a Recipe	Percentage	Number of drug items handed over	Number of Items in a Recipe	Percentage
January	3720	3768	98.73%	540	558	96.77%
February	3305	3371	98.04%	770	791	97.35%
March	4280	4292	99.72%	597	606	98.51%
April	339	341	99.41%	158	162	97.53%
May	1517	1522	99.67%	100	102	98.04%
June	1187	1189	99.83%	193	199	96.98%
July	750	750	100.00%	170	172	98.84%



Month	Availability of Inpatient Medication			Availability of Outpatient Medications		
	Number of drug items handed over	Number of Items in a Recipe	Percentage	Number of drug items handed over	Number of Items in a Recipe	Percentage
August	1601	1606	99.69%	188	192	97.92%
September	2240	2252	99.47%	417	421	99.05%
October	2598	2606	99.69%	521	524	99.43%
November	1810	1819	99.51%	554	562	98.58%
December	2174	2200	98.82%	400	401	99.75%

Based on the results of research that has been carried out, the level of drug availability at the Pharmacy Installation of Zainal Umar Sidiki North Gorontalo Hospital shows good drug availability because from the category of drug availability assessment > 75%, where the good category: > 75%, the fairly good category: 40-75%, and the poor category: < 40% [6]. The level of drug availability at the Pharmacy Installation of Zainal Umar Sidiki North Gorontalo Hospital has not reached 100% overall in each period/month within 1 year during 2020. There are several things that are of concern to researchers, namely related to several prescription items/drugs prescribed by doctors, but then because they are not available at the ZUS pharmacy installation depot, so patients/patients' families are required to redeem the empty drug items to redeem/buy at pharmacies outside the hospital. Based on information from one of the PTF members within the North Gorontalo ZUS Hospital, actually in 2019 yesterday there was indeed a portion of the budget to replace finances/materials from patients who redeemed/bought prescriptions/drug items outside the hospital pharmacy, but in 2020 it was no longer explained. Researchers found a pattern of drug loans to other hospitals. However, researchers do not know the mechanism of drug replacement.

3.1.3 Formulary Compliance

Table 4. Compliance with the 2020 ZUS IFRSUD Formulary

Nu mb er	Hospital Code	Hospital Name	Drug Class	Number of Drug Items Available in Hospitals	Number of Formulary Drug Items Available in Hospitals	Formulary Compliance (%)
1	7505002	Zainal Umar Sidiki Hospital	Obat Generik (Formularium+Non Formularium)	83	75	90%
2	7505002	Zainal Umar Sidiki Hospital	Generic Drug Formulary	34	25	74%
3	7505002	Zainal Umar Sidiki Hospital	Non-Generic Drugs Non Formularium	20	10	50%
Number of Available Drug Items and %				137	71%	



Number	Hospital Code	Hospital Name	Drug Class	Number of Drug Items Available in Hospitals	Number of Formulary Drug Items Available in Hospitals	Formulary Compliance (%)
80% [7] and 76% [8]						

The percentage of drug compatibility available with the Hospital Formulary is 71% (on average) not in accordance with the standard, according to the Minister of Health for hospital accreditation requirements are 80% (9) and 76% (2). This happened because the Hospital Formulary had not been updated. But indeed, the form of cooperation and compliance of doctors in prescribing drug items in accordance with the hospital formulary plays a very important role. Other small things that affect not meeting the standards are a series of problems in hospital management as a whole, including the waiting period for the presence of contract doctors which is still relatively slow, as well as contract doctors who change every year. So, according to the researcher, this will also affect the compliance of the formulary, where sometimes the previous doctor only prescribes so many items that are then amprah/purchased and included in the annual IFRSUD ZUS grocery items by the relevant parties. Then, in the following year, there was another change of doctors, there were often changes in drug items that slightly ignored the hospital formulary, not to mention adapting, namely by conditioning the amount of the budget (should prioritize drug items that are in accordance with the formulary).

Basically, a formulary is a set of drugs that is accepted/approved by the Pharmacy and Therapy Committee as a guideline to provide instructions to doctors, pharmacists, nurses, and administrative officers in hospitals in carrying out services and can be revised at any specified time limit. In the process of revising the formulary, the medical staff of the Pharmacy and Therapy Committee conducted an evaluation and made choices on the drug products on the market, taking into account the patient's welfare (6). In implementing the formulary system, an agreement is needed between medical staff from various disciplines and the Pharmacy and Therapy Committee in determining the framework regarding the objectives, organization, functions and scope [9]. Medical staff must support the formulary system proposed by the Committee on Pharmacy and Therapeutics, be able to adapt the applicable system to the needs of each institution, accept the policies and procedures written by the Committee on Pharmacy and Therapeutics, master the formulary system developed by the Committee on Pharmacy and Therapeutics, limit the number of drug products that must routinely be available in pharmaceutical installations, and establish procedures that regulate the distribution of effective generic drugs the therapy is the same (2).

3.1.4 Percentage of Dead Stock

Table 5. Percentage of Dead Stock in IFRSUD ZUS in 2020

Number	Description	Sum
1	Number of drug items for 3 months unused (A)	4
2	Number of drug items in stock (B)	215
	% DEAD STOCK (X)	1,86%
0% [10] and [11]		



Based on the data in the table above, it can be seen that the indicator of the percentage of dead stock included in the internal business variable shows that in IFRSUD ZUS of North Gorontalo there is 1.86% of dead stock. This means that it is not in accordance with the standard, namely 0% (10). This is influenced by the role of doctors who do not pay attention to the availability of drugs first before prescribing. There needs to be good communication and cooperation with IFRSUD and consider the management issues. Because, in addition to the above problems, there is a management problem about the annual contract system (12 months) to present doctors who are not suitable so that it has an impact on the service process of the doctor concerned. In this case, if the doctor is not there, it means that there is no activity to diagnose and prescribe and cause some drug items to be undistributed.

3.1.5 Percentage of ED and Damaged Drugs

Table 6. Percentage of ED and Damaged in IFRSUD ZUS in 2020

Number	Description	Value
1	Drug value of ED and damaged drugs (A)	Rp 58.528.284
2	Stock value of taking (B)	Rp 1.453.477.438
	% of ED and damaged drugs (X)	4,03%
zero percent [10] and [11]		

The percentage of expired (ED) and damaged drugs in the table above shows that there are still expired (ED) or damaged drugs of 4.03% that cause losses. Ideally, the percentage of expired drugs (ED) and or defective is zero percent. The larger percentage related to the value of ED drugs illustrates inaccurate planning and poor quality observation in storage, changes in disease patterns or prescribing patterns, or poor distribution systems (12). The form of loss is in the APBD, because the hospital as a whole belongs to the government. Based on the results of an interview conducted with the head of IFRSUD ZUS North Gorontalo and had the opportunity to ask about the cause of many drug items that are ED. "The case," said the Head of IFRSUD ZUS North Gorontalo, "ED and damaged drugs often occur even though IFSUD ZUS has actually tried to order/write in the SP and is assisted by confirming to the PBF, namely by requesting or ordering to be ordered drug items with a long expiration date. However, drug items are still found that have a fast ED period. Also, related to the supporting doctors owned by the hospital are the majority of doctors who are annual contract doctors and often change. IFSUD ZUS in 2019 tried to order/buy/budget certain drug items based on the request of doctor A, over time the doctor did not renew the contract and was replaced by doctor B. While doctor B is sometimes reluctant to use/prescribe drug items that are already available. This will cause drug items not to be distributed to patients who ultimately wait for their expiration date (ED) to be destroyed.



3.1.6 Percentage of Final Stock Value

Table 7. Percentage of Final Stock Value in IFRSUD ZUS in 2020

Year	Final stock	Percentage of final stock value (%)
2019	286664	54,14%
2020	162113	30,62%
Number of drugs available for the 2019-2020 period		
	529501	
0% [10] and [11]		

The results of the final stock percentage from 2019 – 2020 and the overall storage management process are still far from efficient and ideal when viewed from the dead stock indicator or in other words, the dead stock at IFRSUD ZUS of North Gorontalo deviates too much from the set standard, which is 0% (10). The reason is the low Inventory Turn Over Ratio (ITOR), due to inaccuracies in the previous stage, which can be in the planning, demand, and receipt stages. ITOR itself is used to find out how many times funds are rotated in a year and can also assess the efficiency of drug management. A low ITOR indicates that there are still many drug stocks that have accumulated in warehouses and have not been sold and can affect profits (12). In relation to a government-owned agency, the meaning of influencing profits is in other words having an impact on regional/state losses. If the dead stock does not meet the predetermined requirements, one of the things that can be done is socialization to improve the abilities and skills of human resources, as well as maintain communication and professional relationships between human resources [12].

3.1.7 Suitability of Planning Realization with Purchase

Table 8. Budget and actual needs at IFRSUD ZUS of North Gorontalo in 2020

Drug Budget 2020	Real Funding Needs	Percentage
Rp 2.075.072.000	Rp 2.073.290.113	99,91%
100% [10] and [13].		

The percentage result obtained is 99.91% where the standard ideal percentage of available funds with the required funds is 100%. Based on the table above, it shows that the amount of budget realization for procurement is 99.91% and there are still remaining budgets that have not been realized. This happened because there was a delay in determining the budget and related parties were reluctant to take risks to make purchases. Further monitoring needs to be carried out to increase the efficiency of financing for drugs and control the supply.



3.1.8 Drug Use Review

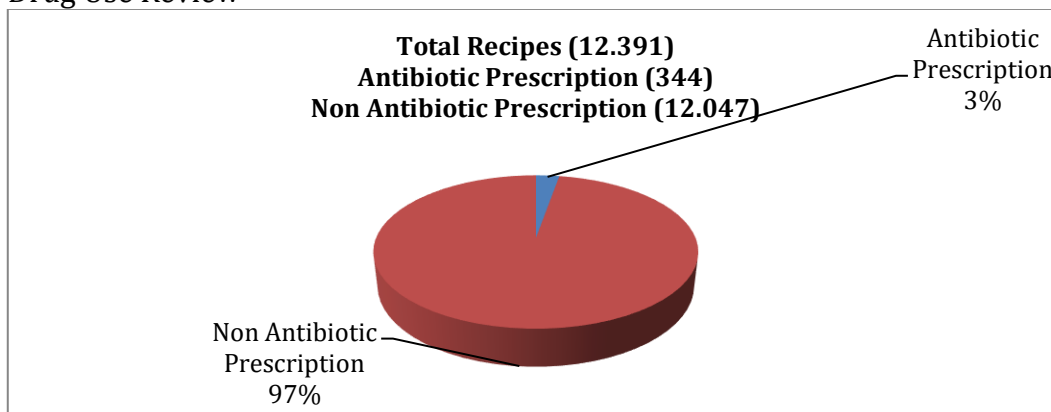


Figure 1. Pie chart of the percentage of antibiotic prescribing in IFRSUD ZUS for the period January - December 2020

The Drug Use Review conducted in this study is a pattern of antibiotic prescribing which is quantitatively analyzed by processing data obtained from prescriptions and then calculating the percentage of patients who receive antibiotic therapy. The percentage of antibiotic drug prescribing i.e. the most commonly prescribed type of antibiotic and the cost of therapy for antibiotics compared to the overall cost of the drug [14]. The antibiotics that are often prescribed are cephalosporins. Lack of percentage of antibiotic use because there are indeed certain periods when contract doctors do not prescribe antibiotics.

3.2 CUSTOMER PERSPECTIVE

In this study, the measurement of IFRSUD ZUS of North Gorontalo performance through a customer perspective consists of three indicators, namely customer satisfaction (patient), patient networking level, and customer growth [5].

3.2.1 Customer (Patient) Satisfaction

The aspects of the question criteria that received the most positive responses from respondents were; Is the service procedure at IFRSUD ZUS of North Gorontalo fast and not troublesome for patients (94%). This shows that the process of providing drugs is given quickly. However, in the aspect of the question criteria that officers are fair in providing services (63%). The lowest percentage needs to be considered, based on the observation of researchers, a queuing culture is needed. There is a condition where the service staff at the North Gorontalo ZUS pharmacy installation depot are unfair in carrying out services, namely prioritizing prescriptions brought by inpatient/outpatient room officers rather than prescriptions brought directly by patients/patients' families. In other words, that precedes the other waiters for prescriptions who sit in line.

3.2.2 Patient Connectivity

Patients served in public pharmacy installations are patients who pay out of pocket or are not covered by insurance, while patients served in JKN/ASKES treatment pharmacy satellites are patients with insurance from JKN/ASKES, Jamkesmas (public health insurance), Social Security (labor social security) or company insurance in collaboration with ZUS of North Gorontalo Hospital [15]. The results of patient contact



at the pharmacy installation of ZUS North Gorontalo Hospital are From the patient satisfaction indicator based on the answers to the questionnaire distribution, it is known that from the question item about the fair attitude of officers in providing services, the result is only 63%, and the item about the availability of drugs at the ZUS IFRSUD depot is only 73%. This greatly affects the patient's attitude or choice to redeem the prescription. Moreover, there is often a shortage of drugs when patients want to redeem prescriptions [16].

3.2.3 Customer Growth

The growth of customers at the Pharmaceutical Installation of ZUS North Gorontalo Hospital does not show a significant increase every month. Average monthly customer growth of 8% in 2020.

Table 9. Customer growth at the pharmacy installation of ZUS of North Gorontalo Hospital in 2020

Month	Number of Customers (Patient)	Percentage of Customer Growth Rate Each Month (%)
January	1730	14%
February	1581	12,8%
March	1974	16%
April	906	7%
May	649	5%
June	598	5%
July	615	5%
August	607	5%
September	930	8%
October	1025	8%
November	942	8%
December	831	7%
Total	12388	
Average	1032	8% ± 4%

The number of customers at the Pharmacy Installation of ZUS North Gorontalo Hospital has decreased and increased on average every month. The largest number of customers was in March 2020, and the smallest was in August 2020. The implementation of the Large-Scale Social Restrictions (PSBB) policy by the government has a major impact on the decline in outdoor activities. People choose to do activities at home and have a tendency to refrain from doing travel activities, including visiting hospitals. The public is urged to meet or carry out health protocols to avoid Covid-19, while if patients visit the hospital, they will definitely meet with many people and the risk of exposure to the coronavirus will be even greater. He explained, from May to August there was a decrease compared to the previous month because those months were a period of activity restrictions (PSBB/LOCKDOWN). So, at that time, people were reluctant to admit that they were sick and did not want to look sick. If they get sick, they are isolated. As a result, also on service activities, the provision of services at



pharmaceutical installations seems quiet and affects the number of customers (patients) who come to visit.

4. DISCUSSION

Patients are one of the indicators of the quality of the services we provide and patient satisfaction is a capital to get more patients and to get loyal patients. Loyal patients will reuse the same health care if they need it again. Even loyal patients will invite others to use the same health service facilities. From a customer perspective, the indicators measured are customer satisfaction (patients) who redeem prescriptions at outpatient pharmacy depots), internal customer satisfaction (medical personnel) and patient networking levels. The perspective of customers (patients) who are in accordance with the standards is an indicator of customer satisfaction (patients) on average, as many as 81% of respondents answered "Yes" to the services of the Pharmaceutical Installation, which is in the good category, and those that are not in accordance with the standards are indicators of the level of patient connectivity which is only 23%, namely the poor category, customer growth at the Pharmaceutical Installation of ZUS North Gorontalo Hospital does not show a significant increase every month. 8% in 2020. The number of customers at the Pharmacy Installation of ZUS North Gorontalo Hospital has decreased and increased on average every month. The largest number of customers was in March 2020, and the smallest was in August 2020. In May to August, there was a decrease compared to the previous month. The balanced scorecard educates management and organizations in general to view IFRSUD ZUS of North Gorontalo which in this discussion focuses on two perspectives, namely internal business processes (dispensing time, drug availability, formulary compliance, percentage of dead stock, percentage of ED and damaged, percentage of final stock value, suitability of planning realization with purchase, and drug use review) and customer perspective (customer satisfaction, patient connectivity and customer growth) that connects short-term operational control into long-term business vision and strategy.

Table 10. Proposed suggestions for improvement on the performance of IFRSUD Zainal Umar Sidiki North Gorontalo with a Balanced Scorecard

Perspective	Problems	Suggestions for improvement
INTERNAL BUSINESS PROCESSES		
Drug availability level	Often borrow medicine from other hospitals, because there is a shortage of medicine.	The Pharmacy and Therapy Committee (PFT/PTC) needs to conduct regular evaluations and prioritize and consider the welfare of patients [17].
Formulary compliance	There is still a low/minimal number of drug items according to the available formulary	The Pharmacy and Therapy Committee (PFT/PTC) needs to provide guidance to doctors, IFRSUD



Perspective	Problems	Suggestions for improvement
		staff, nurses and administrative officers in hospitals in carrying out services. Also, be responsible for revising the formulary (wise in determining the choice of drugs on the market).
Dead stock	There is still dead stock and final stock	Coordinate with the doctor and inform that there is still medication that does not work for 3 months (dead stock).
ED and damaged	There are still ED drug items and damaged	Return the drug 3 months before expiration to the distributor. If there is a category of drugs that cannot be returned, then it needs to be emphasized when ordering drugs related to ED. [18].
Suitability of planning realization with purchase	There is still a remaining budget that is not 100% realized	It is necessary to advise the acceleration of budget determination [19].
Drug use review	Lack of substandard use of antibiotics	It is necessary to advise the doctor to pay more attention to the necessary prescribing combinations, but do not overdo it (to avoid irrational prescribing)

CUSTOMER

Patient Connectivity	There are still many patients who are not served because there is often a shortage of drug items.	The Pharmacy and Therapy Committee and all hospital administration officers as a whole are needed to really evaluate, because this problem item concerns the welfare of patients and supports/supports the attractiveness of management issues as a whole [20].
Customer growth	The growth of customers (patients) is unstable even every month there is a decline.	All parties in each service unit as a whole in the hospital need to improve. Moreover, the problem of contract doctors who are on strike



Perspective	Problems	Suggestions for improvement
		<p>for 2-3 months does not provide services and further optimizes the acceleration of contract extensions and may need tactical funds. If everything only depends on the APBD, it will be slow.</p>
		<p>Customer growth is closely related to attractiveness, namely the attraction of patients to facilities and so on as support to attract interest. Therefore, it is recommended to collaborate with the private sector in order to improve the existing shortcomings, and the pattern of cooperation is with the private sector which plays a role in improving development, hospital/government service facilities in general and the hospital plays a role in providing incentives in the form of wages/salaries.</p>

5. CONCLUSION

An internal business perspective that complies with the standards is the dispensing *time indicator* (outpatient non-concocted prescriptions have an average time of 12 minutes and 8 seconds, outpatient concoction recipes have an average time of 22 minutes and 16 seconds, inpatient non-concocted recipes have an average time of 12 minutes and 6 seconds, and inpatient concoction recipes have an average time of 23 minutes and 39 seconds), and what is not in accordance with the standards is that the indicator of the overall drug availability level has not reached 100% (only in July 2020 it reached 100%), formulary compliance is only 71% (on average), the percentage of dead stock is 1.86%, the percentage of ED and damaged is 4.03%, the percentage of final stock value which ranges from 54% in 2019 and 30% in 2020, The conformity of the realization of planning with the purchase was only 99.91%, and the drug use review, namely the use of antibiotics, was very small (3%). The perspective of customers (patients) who are in accordance with the standards is an indicator of customer satisfaction (patients) on average as many as 81% of respondents in the good category, and those who are not in accordance with the standards are indicators of patient connectivity which is only 23%,



namely the poor category, *customer growth* at the Pharmacy Installation of ZUS North Gorontalo Hospital does not show a significant increase every month of 8% in 2020.

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