

Strengthening Understanding of Customer Services and Practical Instructions for Hospital Financial Management



Ignatius Roni Setyawan

Lecturer of Faculty of Economics & Business, Universitas Tarumanagara, I. Tanjung Duren Utara 1, Jakarta Indonesia

ABSTRACT: Increasing competition in the health industry at the national level makes the hospital management always tidy up in improving the quality of service to patients and improving the quality of medical infrastructure facilities according to the standard HNAC (Hospital National Accreditation Committee). Armed with the success of the value chain strategy concept training agenda at Elizabeth Semarang Hospital on May 16, 2018, I submitted the same training proposal to the Miriam Pratama Clinic, Kudus. The underlying factor is the urgency of the MIRIAM Pratama Clinic to raise the level of its business to become an C accredited hospital so that it can continue to survive and from the results of their communication with one of my relatives in Kudus who has heard me conduct training on the topic of value chain strategy at Elizabeth Hospital Semarang. So then I made a communication with the MIRIAM Pratama Clinic to get approval for the implementation of the training activities on March 18, 2019. Seeing the urgency of increasing the status of this business level, then I added aspects of financial management with the basis of considerations to raise the level of business and build a system of value chain strategies from Swayne, et.al. (2006) a large cash flow is needed. And this will be fulfilled with the right budgeting model. Finally, the activity was successfully carried out on March 18, 2019 with a very good response from participants who asked about how to regulate social and business motives in managing clinical businesses in the midst of a lack of cash flow and a budgeting model that does not have to be a month to month approach from Berger (2008). So the short answer is to raise the level of business, business motives should be a priority because improving the quality of services will require large costs and to fulfill them is not necessary with a month to month budgeting approach from Berger (2008) but can be from budget flexibility according to the clinical work calendar. In the mentoring activities on April 18, 2019 there were more positive results from the training activities on March 18, 2019 namely the more enthusiastic doctors, nurses and non-nursing staff working and more positive testimonials from key patients, mothers giving birth and their families. This has had a positive impact on status of the clinic as a C accreditation.

KEYWORDS: Value Chain Strategy, MIRIAM Pratama Clinic, Quality of Patient Services, Hospital Financial Management

I. INTRODUCTION

As one of the alternative private health service units in Kudus city, Central Java, Indonesia; MIRIAM Pratama Clinic needs to pay attention to aspects of customer service and financial governance from the Foundation or the Board of Trustees in order to always maintain the sustainability of its operational activities. The effectiveness of the sustainability of operational activities of the MIRIAM Pratama Clinic is emphasized on two crucial aspects namely customer service and financial governance [1]

First, customer service is very important here because it still depends earning from maternal medical services and specialist consultation. Maternal medical services are one of the characteristics that would be built from MIRIAM's Pratama Clinic based on a search on the website of the Foundation that houses the Eduard Michelis Foundation which has the slogan One Heart Defending Life and based on the results of discussions with Mr. B. Dwi Widodo Kurnianto (section head of Human Resource Department). The level of service in cases of maternal birth is always strived to the maximum so that mothers and babies born can always be healthy from the delivery phase to the phase of follow-up care. Second, the financial management of the MIRIAM Pratama Clinic is adequate because it is managed professionally by utilizing skilled accounting and financial workers who have worked at Djarum, Pura Baratama, Nodjorono, Polytron, P.O. Bus Nusantara and much more [2]

But the problem is that the amount of managed funds has not reached a surplus position to meet routine expenditure items such as salaries for doctors, nurses and non-medical personnel and other operational costs. This is because the inflow of funds is

Strengthening Understanding of Customer Services and Practical Instructions for Hospital Financial Management

still based on the post of receiving maternal services and consulting a specialist doctor. Cash flow into other units such as hospitalization and dispensary is not yet maximum.

Based on discussions with Mr. B. Dwi Widodo, the two agendas, namely customer service and financial management, are critical success factors of MIRIAM's Pratama Clinic to improve its status to become a hospital, at least C accreditation in HNAC (Hospital National Accreditation Committee for the better). [3].

As one of the best private universities in Indonesia, (Tarumanagara University) UNTAR has the eligibility to take part in handling problems faced by MIRIAM Pratama Clinic. There are three underlying reasons, namely: first, UNTAR has a Faculty of Medicine with the status of A accreditation and many of its alumni are doctors in the Central Java area and there are even doctors and prospective doctors in this hospital in Kudus. Second, the Faculty of Economics and Business (FEB) has done a lot of community services activities in various institutions, one of which is the Hospital with the theme of measuring customer satisfaction instruments by the FEB lecturer team and Faculty of Medicine UNTAR, which have been successfully implemented so far at Sumber Waras Hospital, Jakarta.

The last reason is that as one of the lecturers at FEB UNTAR, then from March to May 2018 I once volunteered and was finally approved by Elizabeth Semarang Hospital to be a trainer on the topic of understanding customer satisfaction among medical and non-medical staff. The concept agreed at that time was Value Chain Strategy from Swayne, et al. (2006) which is the development of the concept of Value Chain Analysis from Michael Porter that is specifically applied to hospitals [4]. The results of the implementation of the Value Chain Strategy concept for the management of Elizabeth Semarang Hospital were the success of maintaining the status of B accreditation in HNAC and the growing development of the Elizabeth Hospital branch in major cities in Indonesia such as Siloam Group and Glean Eagles which both are managed by famous hospital in Singapore [5].

II. MATERIALS AND METHODS

II.1 Solutions Steps Offered

In order to realize the solution, in January 2019 I sent a request letter to the head of the Miriam Pratama Clinic, Sr. Magda. In contrast to my request to Elizabeth Hospital, approval for training activities at the Miriam Pratama Clinic was faster. Then on March 18, 2019 this training activity could be carried out. Technical detail of this activity has been started from opening of activities by Mr. Elpidius Dylan S (HR Department) who welcomed. The technical details of the activities are as follows: A) The opening of the activity by Mr. Elpidius Dylan S (HR department) who welcomed the purpose of the training because understanding of customer satisfaction and fundamentals of hospital financial management is important to help improve the business status of the Miriam Pratama Clinic as a hospital. My exposure session consists of three major sections namely:]

A. MIRIAM's Pratama clinic vision & mission

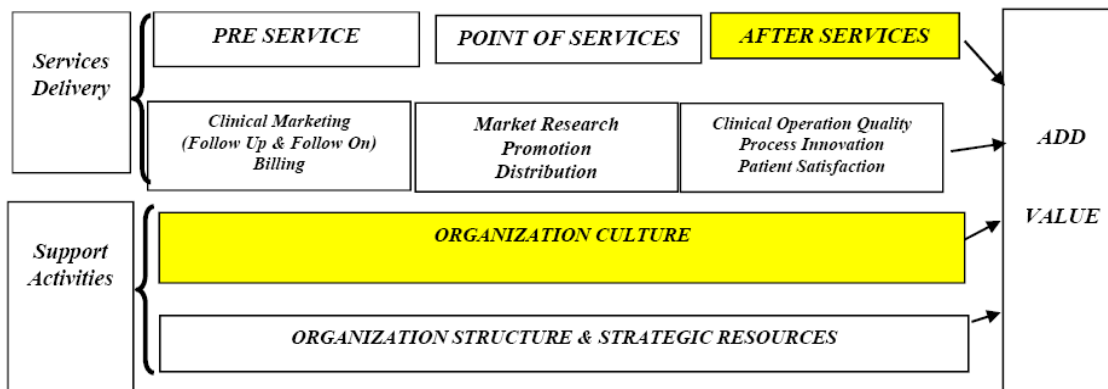
The vision of MIRIAM's Pratama Clinic is "A healthy society that is whole and dignified". The mission of MIRIAM's Pratama Clinic is to provide generous and loving health services and to be anyone especially mothers and children. Based on the discussion of vision standards from Kahoner & Jones in David and David (2017), the vision of the MIRIAM Pratama Clinic can still be improved by inspirational, unique, inspirational and connotes domination elements if the business level becomes an accreditation hospital C. [7]. For problems that are easy to read, vision above is clear enough.

In the discussion of missions according to David and David (2017) mission component standards, the technology aspect; survival, growth and profitability and concern for employees can be reaffirmed when their level rises to hospital. Regarding the formulation of a new vision and mission, it is entirely left to the management of MIRIAM's Pratama Clinic considering that the formulation of the vision and mission is not included in the agenda that must be immediately completed in this activity and for the new vision and mission under the control of the Foundation

B. Detailed description of value chain analysis.

Based on Swayne, et.al. (2006) and Setyawan (2019) which can be applied in these clinics suggested by Porter and Teisberg (2004). [8]

Figure 1. Organizational Value Chain for Medical Clinic and Hospital



Based on the results of the activity, the added value factor in question is an increase in status from a clinic to an accreditation hospital C. An increase in business status will be realized if customer service activities namely mothers giving birth, children born and related families experience increased levels of service satisfaction starting from the pre-service phase post service and after service. From the results of discussions with nurses, these three phases have met ISO operational quality standards and ISO health standards; so in my opinion it is in compliance with the definitions in value chain analysis.

Regarding supporting aspects, the MIRIAM Pratama Clinic is not so crucial because doctors are doctors who have been used in many other hospitals such as Mardi Rahayu and Kudus District Hospital. In terms of nurses, they are also well-known STIKES graduates and have adequate service hours. For non-medical staff such as accounting and human resources, it is categorized as strong because there is experience in other companies. The problem is the lack of specialized marketing and customer service staff who are full time because sometimes there are still concurrent nurses or other staff

B. Basics of hospital financial management.

It takes the source from Berger (2008) which is presented in a month to month approach by taking a related budgeting model.

Table 1. Month to month approach from the budgeting model by Berger (2008).

Month	Budgeting Activities for Hospitals
January	Rearranges the definition of Financial Budget
February	Making the Hospital Financial Report running
March	Creating a 5-year Strategic Financial Plan
April	Calculation of Medical Income and Expenses
May	Calculation of Patient & Non Patient Income
June	Preparation of Capital Goods Expenditures for the Hospital
July	Budget Implementation and Patient Satisfaction Survey
August	Annual Budget Performance Analysis
September	Operating Budget and Working Capital
October	Hospital Health Information System
November	Preparation of Revenue Results and Cost Structure
December	Agenda annual final report

According to the table 1 above, the cycle of hospital financial activities is not much different from other agencies. There is just no peak session for patients especially if it is implemented at MIRIAM Pratama Clinic. So for the continuity of activities, this clinic must be able to control routine expenses per month so there is a sufficient minimum cash balance.

II.2. Implementation of Solution Steps Offered

There are two types of solution implementation, they are direct, namely questions and answers and indirect, during mentoring after the training activities on April 18, 2019. Implementation during mentoring is presented in the output and results

Strengthening Understanding of Customer Services and Practical Instructions for Hospital Financial Management

section. When the questions and answers came up two examples of questions included: how to synchronize business and social motives in this clinic and how to arrange a month to month approach if it turns out that the Miriam Pratama Clinic work calendar is not non month to month.

The first question is more urgent business motives because this clinic will scale up its business and the second can be flexibly regulated according to the rhythm of operational activities.

III. OUTCOME & TARGET ACHIEVEMENT

III.1 Outcome Achieved

In addition to the direct outputs that can be seen from the enthusiasm of the nurses and non-medical personnel who participated in this training activity in the form of questions that are building awareness to advance, then I also provide assistance to the PRATAMA MIRIAM Clinic for the implementation of several training material items, namely analysis vision and mission according to employee perceptions in this case nurses and non-medical personnel; a detailed explanation of the component value chain analysis from Swayne, et al. (2006) and detailed explanation month-to-month budgeting Berger (2008).

I conducted this mentoring activity in coordination with Mr. B. Dwi Widodo on April 18, 2019 for 2 hours of discussion. In the first session for the analysis of the vision and mission, the internal socialization process was carried out and agreed to formulate the MIRIAM Pratama Clinic values and motto, namely; values consist of believing in the divine administration, being generous, being available, humanizing others and being open to anyone. For the motto, the agreement is to Love; to Care; to Share. Next in the second session the details of the value chain analysis component have been included in the MIRIAM Pratama Clinic development system, but because it will be used for the management requirements to increase the level of business to PERSI (Perhimpunan Rumah Sakit Seluruh Indonesia), the details of the MIRIAM Pratama Clinic value chain analysis cannot be published. Likewise, the month to month budget from Berger (2008) which still has to be adjusted to the work calendar of the MIRIAM Pratama clinic.

III.2. The Result Achieved

Significant changes from the MIRIAM Pratama Clinic, when the activity began on March 18, 2019, I have not found information about the business status of the MIRIAM Pratama Clinic that can be traced on the dashboard of RI Health PPSDM info ([HTTP://SISDMK.BPPSDMK.KEMKES.GO.ID/LOGIN](http://sisdmk.bppsdmk.kemkes.go.id/login)) [9]. During the mentoring on April 18, 2019, Mr. B. Dwi Widodo informed the status of the MIRIAM Pratama Clinic business that had appeared and I proved it was June 11, 2016. The status on the PPSDM info dashboard indicated the increase in the level of clinics to hospitals was already running [10] [11].

IV. CONCLUSION & SUGGESTION

IV.1. Conclusion

I have successfully carried out training activities on the value chain strategy and budgeting model for pre-hospital (clinic). The choice of the value chain strategy topic is to consider the success of overseas hospitals and Elizabeth Semarang hospital experience. In the value chain strategy, the patient is absolute, because it respects patients and their families from doctors, nurses and non-medical personnel can not be negotiable. Miriam Pratama Clinic, although not as big as Elizabeth Hospital in Semarang, has the basic nature of service and this is evidenced by the testimonies of the patients, the mother giving birth and her family. With basic capital to serve, MIRIAM Pratama Clinic has a greater chance of becoming a hospital. Observations on the item hospital accreditation items are many questions will ask the problem of pre, point and after service that turns out to exist in the value chain strategy.

Financial governance problems due to the problem of low cash inflows will be overcome if the nature of service is still maintained. Maintaining this nature will continue to make patient visits and their testimonies will be able to spread quickly to funders who will be moved to financially help MIRIAM Pratama Clinic. From the information of Mr. B. Dwi Widodo, there are two large companies, namely Djarum and Nodjorono, who have stated their commitment to help the operation of activities so that the problems of building renovation, procurement of medical and non-medical facilities and the addition of accounting and financial skilled workers can be realized. The existence of financial assistance from the two companies also makes the fulfillment of items in terms of hospital accreditation in terms of facilities and finance to be quite good.

IV.2. Suggestion

Departing from this activity, similar activities can be developed at MIRIAM Kudus Pratama Clinic by studying the measurement of customer satisfaction using instruments owned by teaching team from the Faculty of Economics and Business and Faculty of Medicine UNTAR In order for MIRIAM's Pratama Clinic to be better known, a website which contains the profile of

Strengthening Understanding of Customer Services and Practical Instructions for Hospital Financial Management

the unit and the achievements of related activities need to be created. Because to move up to level B in HNAC the website is mandatory.

ACKNOWLEDGEMENTS

I am very grateful to experts for their appropriate and constructive suggestions to improve this paper

REFERENCES

- 1) Health PPSDM Agency (2019), *Health Information Information of Ministry of Health RI*, downloaded from (<HTTP://SISDMK.BPPSDMK.KEMKES.GO.ID/LOGIN>) on June 11, 2019.
- 2) Miriam Kudus Medical Center, Central Java (2016), *Project Detail of PT Framed Recindomas Sejahtera*, downloaded from www.fres.co.id on 1 July 2019
- 3) SNARS (2018), *National Standard for Hospital Accreditation Issue 1*, January, Hospital National Accreditation Committee (HNAC), Jakarta.
- 4) Swayne, L.E., W.J. Duncan & P.M. Ginter (2006). *Strategic Management of Health Care Organization*, 5th ed., Blackwell Publishing, Victoria, Australia.
- 5) Setyawan, I.R. (2019), *Value Chain Strategy Training to Maintain Service Quality of All Stakeholders of St Elizabeth Hospital Semarang*, *Jurnal Bakti Masyarakat Indonesia*, Vol. 2, No.1, pp. 172 -181.
- 6) Berger, S. (2008), *Fundamental of Health Care Financial Management: A Practical Guide to Fiscal Issues and Activities*, Third Edition, Jossey Bass, John Wiley & Sons, San Francisco, CA, USA.
- 7) [David, F.R. & F.R. David (2017), *Strategic Management: A Competitive Approach*, 16th Edition, Pearson Education Limited, New Jersey, USA.
- 8) Porter, M.E. & E.O. Teisberg (2004), *Redefining Competition in Health Care*, *Harvard Business Review*, 82 (6), 65-76.
- 9) Hospital Information System (2019), *Miriam Kudus RBPP Profile Data*, downloaded from https://sirs.yankes.kemkes.go.id/klinikonline/data_view.php?editid1=4829 retrieved on July 4, 2019.
- 10) Eduard Michelis Social Foundation (2019), *Profiles of Health Work*, downloaded from <https://ysemsemarang.wordpress.com/karya-kemampuan> retrieved on June 11, 2019.
- 11) Eduard Michelis Social Foundation (2019), *Profiles of Social Work*, downloaded from <https://ysemsemarang.wordpress.com/karya-social> retrieved on June 11, 2019.



There is an Open Access article, distributed under the term of the Creative Commons Attribution – Non Commercial 4.0 International (CC BY-NC 4.0)

(<https://creativecommons.org/licenses/by-nc/4.0/>), which permits remixing, adapting and building upon the work for non-commercial use, provided the original work is properly cited.