

Strategy Evaluation of BPJS Patient Service Performance (Case Study at Regional General Hospital dr. R. Soetijono Blora)

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Abstract

The performance strategy of health services was for the community carried out by the government by health service institutions. The hospital was one of the service units, which went about to treat or reduce patient suffering through quality service strategies. The quality of health services for the community was the concern of the community and various independent institutions. Health services were said to be of good quality if they satisfied service users and the procedures for their implementation were in accordance with the code of ethics and standards that have been set. As one of the public service units, the hospital was demanded by both the owner and the community to always increase the quantity and quality of services to the community, especially BPJS patients. Community satisfaction at the hospital would have an impact on trust in the hospital, people would visit and if necessary, they queued up to get hospital services. The problem in this study is: How is the service performance strategy for BPJS patients at the dr. R. Soetijono, Blora. The conclusions of this study as: in general, the performance of RSUD dr. R. Soetijono Blora was classified as good, of the 7 strategic goals there is only 1 (target) which was of less value. Judging from the satisfaction index (Community Satisfaction Survey) RSUD dr. R. Soetijono Blora got a score of 76.57 (in the good category) in 2020. The recommendations from this research were the required intensive steps related to improving services at RSUD dr. R. Soetijono Blora to improve the strategy that was still lacking.

Keywords

Hospital; Service Strategy; Performance; BPJS

INTRODUCTION

Health services to the public are the government's obligation, so that strategies, methods and procedures must always be actualized in accordance with the expectations and desires of the public as well as environmental changes (Ashari, 2004). Public service performance strategies for hospitals by government officials are still perceived as low by the community, because BPJS patients often experience difficulties in service (observation, July, 2020). This is because the culture of paternalism is still strong, the power-

sharing system tends to focus on leadership, the hierarchical bureaucratic structure, and the decision to take the initiative (discretion) is very limited. Public services at hospitals, in the context of decentralization, should be more responsive to the public interest with the occurrence of a public service paradigm from being centralized to services that focus on customer satisfaction (customer-driven government).

The hospital is one of the service units, which strives to provide quality health services. Health services are said to be of quality if they can satisfy the service users

and the procedures for its implementation are in accordance with the code of ethics and standards that have been set (Azwar, 2010). As one of the public service units, hospitals are required to always improve the quantity and quality of services to the community, because community satisfaction in hospitals will have an impact on public trust in hospitals. Service quality must start from customer needs and end with customer satisfaction and positive perceptions of service quality. Brahmasari (2008) suggested that performance strategy was the achievement of organizational goals in terms of quantitative and qualitative output, creativity, flexibility that relied upon. Emphasis on performance strategies can be short-term or long-term, also at the individual, group or organizational level. Government Regulation Number 46 of 2011 concerning work performance is the work achieved by each employee in the organizational unit in accordance with work goals and work behavior (SKP) as a work plan and targets to be achieved by an employee. The quality of hospital services has a close relationship with patient and family satisfaction.

Parasuraman, in Lupiyoadi (2008) identified ten main dimensions of service quality, perfecting the ten dimensions of service quality, namely competence, courtesy, credibility and security which are combined into *assurance*; access, communication and the ability to understand customers categorized as empathy; and three others, namely tangible, reliability, responsiveness. Thus, there are five main dimensions of service quality, namely tangible, reliability, responsiveness, assurance, and empathy.

Theoretically, important factors cause the slow growth of health insurance in Indonesia, including low demand and income of the population, lack of

government will, bad insurance culture and poor quality of health services and the absence of legal certainty in Indonesia (Thabrany, 2014). The Health Social Security Administration Office (BPJS) was formed to administer a social health insurance program for the entire population of Indonesia. Every Indonesian citizen and foreign citizen who lives or works for a minimum of six months in Indonesia is obliged to become a member of BPJS Health. To improve public health services, BPJS Health cooperates in the form of coordination of benefits (CoB). The problem in this study is how to evaluate the hospital's service performance strategy in providing BPJS patient services (a case study on the dr. R. Soetijono Blora Regional General Hospital).

THEORETICAL REVIEW

Scope of Public Administration Public

Administration according to Caiden (in Mulyadi, 2016) was all administrative activities for all public affairs. Felix A. Negro and Lloyd G Negro (in Syafii, 1999) public administration was a collaborative group within the government that plays an important role in the formulation of government policies. Osborn and Gaebler (in Mulyadi, 2016), the government bureaucracy have a major role in terms of public services, although the services must carry out development and empowerment for the community, meaning that the government bureaucracy must be able to understand and well-respond to various problems/public affairs, so that the public services provided by the government bureaucracy satisfied the needs of the community correctly and appropriately.

The characteristics of public administration (Miftah Thoha, 2008) included:

- a) The services provided by public administrations were more urgent than services provided by private organizations;
- b) The services provided by the public administration were generally monopoly or semi-monopoly;
- c) In providing services to the general public, public administration was based on laws and regulations;
- d) Public administration in providing services was not controlled by market prices; the efforts carried out by public administration, especially in democratic countries, were carried out very much depending on the judgment of the people;
- e) Public administration was an activity that be unavioded;
- f) Public administration required compliance;
- g) Public administration had priority;
- h) Public administration had unlimited size;
- i) The leadership of public administration (top management) was political;
- j) The implementation of public administration was very difficult to measure;
- k) Many more were expected of public administration.

Definition of Evaluation

Evaluation (Charles O. Jones in Aprilia, 2009) "evaluation is an activity which can contribute greatly to the understanding and improvement of policy development and implementation". policies and developments). This understanding explained that evaluation activities determined whether the implementation of a program was in accordance with the main objectives and became a policy benchmark. PP No. 39 of 2006, Evaluation was a series of activities comparing the realization of

inputs, outputs, and outcomes against plans and standards.

Evaluation Objectives

Wirawan (2012) there were several evaluation objectives such as:

- a) Measuring the influence of the program on the community;
- b) Assessing whether the program has been implemented as planned;
- c) Measuring whether the implementation of the program is in accordance with the standards;
- d) Programming evaluation to identify and determine which dimensions of the program were working and which were not;
- e) Programming staff development;
- f) Enforcing the provisions of the law;
- g) Programming accreditation;
- h) Measuring cost effectiveness and cost efficiency;
- i) Making decisions about the program;
- j) Accountability;
- k) Providing feedback to leaders and programs;
- l) Developing evaluation theory and evaluation research.

Understanding Performance Evaluation

Meggison (in Mangkunegara, 2005: 9) defined performance evaluation/assessment as a process used by leaders to determine whether an employee was doing his job in accordance with his duties and responsibilities. Furthermore, Andrew E. Sikula quoted by Mangkunegara (2005: 69) suggested that employee appraisal was a systematic evaluation of the employee's work and the potential that could be developed. Assessment in the process of interpreting or determining the value, quality or status of some object, person or thing complied with expectation or plan.

Table 1. Strategy Planned

No	Planned Strategies	Indicator
1	Improving the quality of patient care BPJS	number of patients BPJS (BOR, LOS, TOI, NDR)
2	Serviced quota of BPJS patients	Number of BPJS patients served (Jamkesda)
3	Improving hospital	- Facilities/infrastructure - The facilities/infrastructure owned by the hospital
4	Increasing medical equipment facilities/infrastructure	Number of existing medical devices
5	Improvement of staff skills medical/non-media	Men level of skill
6	Availability of budget	Honorarium for workers contract
7	Adequacy of hospital	- Facilities/infrastructure - Existing facilities/infrastructure

Source: LKJip RSUD dr. R. Soetijono in 2020 (researcher modification).

Simanjuntak (2005: 105), who stated that performance evaluation was an assessment of the performance of a person or group of people or work units of an organization or company.

The purpose of performance evaluation strategy

The purpose of the performance evaluation strategy (Neal Jr, 2003) was:

- a) To identify the abilities and strengths of employees;
- b) To provide information for employee development;
- c) To make the organization more productive;
- d) To provide data for appropriate employee compensation;
- e) To protect the organization from demands of labor law.

In this study, the strategy's performance was measured based on Government Regulation No. 11 of 2011 on the strategy of employee performance with the following indicators (modified to facilitate analysis).

Quality of Public Service

Public service, a series of activity processes carried out by management organized as an effort to meet the needs of service recipients as well as the implementation of the provisions of laws and regulations continuously and in a long term. Service quality is an effort to fulfill the needs and desires of the community as well as the accuracy of its delivery to balance the expectations of the community (Tjiptono, 2006) through five kinds of quality perspectives, namely:

- a) Transcendental Approach, a quality was seen as Innate Excellence, namely quality might be felt or known, but it was difficult to define and personalize, usually applied in the world of art;
- b) Product-Based Approach, a quality was a characteristic or attribute that could be quantified and could be measured. Differences in quality reflected differences in the amount of some elements or attributes that the product has;
- c) User Based Approach, a quality depended on the person who used it, the

- product that best satisfies one's preferences (e.g., perceived quality) was a high-quality product;
- d) Manufacturing Based Approach, a quality as conformity or equal to requirements. In the service sector that quality was often driven by the goal of increasing productivity and reducing costs;
- e) Value Based Approach, a quality was in terms of value and price. Quality in this sense was relative, the product has the highest quality;

Quality must start from the needs of the community as customers, and end with public perception in the sense that a good quality image was not based on the point of view or perception of the service provider, but based on the customer's point of view or perception, in this case the patient at dr. R. Soetijono hospital.

Dimensions of Service Quality

- a) Tangible (physical evidence), the company's ability to show its existence to external parties;
- b) Reliability, the company's ability to provide services accurately and reliably.
- c) Responsiveness, the company's willingness to help and provide fast and appropriate service;
- d) Assurance, knowledge, courtesy, the ability of company employees to foster customer trust in the company;
- e) Empathy, (giving attention) was individualized to customers by understanding customer desires. (Parasuraman in Lupiyoadi, 2008).

Aspects of Service Quality of Hospital

Yacobalis in Sabarguna (2008), the quality of hospital services may be seen from four influential aspects including things that directly or indirectly affect the assessment. The four aspects were:

- a) Aspects clinical services, concerning the services of doctors, nurses and related to medical techniques.
- b) Efficiency and effectiveness, cheap, effective services.
- c) Patient safety, patient protection efforts,
- d) Patient satisfaction, which was related to comfort, friendliness and speed of service.

Quality of service was the level of service excellence that satisfied the desires of consumers/customers provided by an organization.

Social Security Administration Office (BPJS)

BPJS is a legal entity established by Law Number 24 of 2011 BPJS to administer social security programs. The law was operational on January 7, 2014. Law Number 24 of 2011 established two BPJS, namely:

- a) BPJS Health, functions to organize health insurance programs;
- b) BPJS Employment, functions to organize work accident insurance programs, death benefits, retirement savings, and pension benefits.

BPJS Health and BPJS Employment were the transformations of the 4 (four) SOEs providing social security, namely PT. ASKES, PT. JAMSOSTEK, PT. TASPEN and PT ASABRI (Tunggal, 2015).

BPJS Health also carried out a government function (governing function) in the field of public services, which were previously partially run by state-owned enterprises and partly by government agencies. The combination of the two functions of business entities and government functions was currently reflected in the status of BPJS Health as a public legal entity that carried out the function of public services in the field of administering national social security.

In carrying out its function as the organizer of the social health insurance

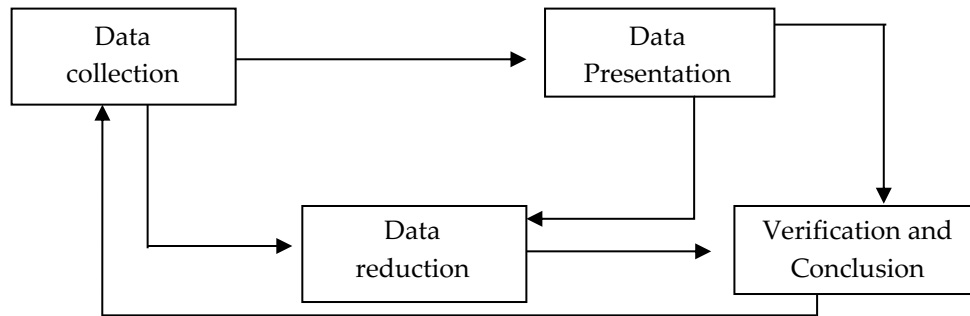


Figure 1. Data collection process (Source: (Miles and Huberman, in Burhan Bungin 2006).

program for the entire population of Indonesia, BPJS Health has the main task objectives, receiving registrations for JKN (National health insurance) participants namely:

- a) Collecting and collecting JKN contributions from participants, employers, and the Government;
- b) Receiving contribution assistance from the Government;
- c) Managing social security funds for the benefit of Participants;
- d) Collecting and managing JKN Participant data;
- e) Paying benefits, and or financing health services in accordance with the provisions of the social security program. Providing information regarding the implementation of social security programs to participants and the public.

RESEARCH METHOD

This study used a qualitative approach with the aim of examining objects naturally with the researcher as the key instrument. Research informants were conducted purposively (purposed sample) with the principle of snowball method. Data analysis was inductive and research results emphasized on meaning rather than generalization (Sugiyono, 2010), Collecting data by in-depth interviews, observations and documents with students of the Master of Public Administration Program

Data analysis, using interactive analysis, was an analysis that took place simultaneously with the data collection process as shown in figure 1.

FINDINGS AND DISCUSSION

Overview of Research Locations

In 1999, Blora Hospital was accredited with a Basic Level of Full Accreditation status (5 services). Then in 2003, it developed into Advanced Level Full Accreditation Status (12 services). In 2012, RSUD Blora passed full accreditation at the advanced level.

The name of the hospital which was originally RSUD Blora became RSUD dr. R. Soetijono Blora, with Regional Regulation Number 6 of 2008 concerning the Organization and Work Procedures of Regional Technical Institutions and the Integrated Licensing Service Agency of Blora Regency, as has been changed several times, most recently by Regional Regulation Number 14 in 2011. Decree of the Regent of Blora No. 900/741/2010 dated May 12, 2010 concerning the Determination of the Status of the full BLUD Financial Management Pattern (PPK-BLUD) to dr. R. Soetijono Blora was appointed as the Regional Public Service Agency (BLUD). The realization of this Decree has only been implemented starting January 1, 2011.

Table 2. Number and Qualifications of HR Education of RSUD dr. R. Soetijono Blora

No.	Qualification	Civil Servant	Non-Civil Servant	Number
Medical Personnel				
1	General Practitioner/dentist	13	0	13
2	Specialist	8	6	14
	Total	21	6	27
Nursing Personnel				
1	Bachelor of Nursing	61	0	61
2	Academy of Nursing	33	4	37
3	Midwives	16	0	16
	Total	110		4114
Pharmaceutical Workers				
1	pharmacist	1	0	1
2	Assistant Pharmacist	9	0	9
	Total	10	0	10
Medical Technical				
1	Electrical Engineering Medical	3	0	3
2	Technologist	8	0	8
3	Health Analysis	9	0	9
4	Medical Recorder	3	3	3
5	Physiotherapist	4	0	4
Community Health Worker				
1	Sanitarian	4	0	4
2	Nutritionist	7	0	7
Others				
1	Master's Degree	4	0	4
2	Undergraduate	23	0	23
3	D3 Others	7	1	8
4	SMA/SMK	58	0	58
5	Junior High School	17	1	18
6	SD	11	1	12
	Total	120	3	123
	Total	299	13	312

Source: LKJip RSUD dr. R. Soetijono in 2020.

Management of RSUD dr. R. Soetijono Blora

a. Vision of RSUD dr. R. Soetijono Blora is a Community Health Referral Center in Blora and its surroundings which is supported by Professional Human Resources.

b. Mission is to carry out this vision, it is described in several missions, namely:

1) To Implement and provide complete health services;

2) To Improve Human Resources and system management;

3) To Improve facilities and infrastructure;

4) To Fight for employee rights and improve welfare.

c. Philosophy of RSUD dr. R Soetijono Blora there are 3, namely:

1) Customers are very important human beings for the hospital, for that their rights must be respected and protected;

- 2) Working sincerely for the sake of patient recovery and customer satisfaction, is the work motivation of dr. R. Soetijono Blora;
- 3) Hospital employees are very valuable human resources; therefore, their welfare and rights need to be considered.

Human Resources

To determine the number of human resources in RSUD dr. R. Soetijono Blora based on educational qualifications can be seen in the table 2.

Health Service Facilities

The services available at RSUD dr. R. Soetijono Blora includes:

a. 24 Hours Service

- 1) Emergency room services equipped with PONEK (for obstetric emergency services and ambulances);
- 2) Radiology;
- 3) Laboratory;
- 4) Pharmacy;
- 5) Cashier.

b. Outpatient Services

Polyclinic at RSUD dr. R. Soetijono Blora serves outpatient every working day from 08.00 to 11.00. These polyclinics include:

- 1) General Polyclinic;
- 2) Dental and Oral Polyclinic;
- 3) Internal Medicine Polyclinic;
- 4) Ear Nose and Throat (ENT) Polyclinic;
- 5) Ophthalmology;
- 6) Polyclinic general surgery;
- 7) Polyclinic Orthopedic Veterinary;
- 8) Polyclinic Neurology;
- 9) Polyclinic Pediatric;
- 10) Polyclinic obstetrics and gynecology;
- 11) Polyclinic Psychiatric
- 12) Polyclinic Nutrition consultation;
- 13) Disease;

14) Polyclinic VCT polyclinic.

c. Inpatient

Inpatient services dr. R. Soetijono Blora Hospital room has 150 beds including:

- 1) VVIP = 5 beds
- 2) VIP = 15 beds
- 3) Main = 2 beds
- 4) Class I = 20 beds
- 5) Class II = 27 beds
- 6) Class III = 77 beds
- 7) ICU = 6 beds

Inpatient treatment rooms include:

- 1) Room Anthurium for pavilion patients;
- 2) Wijaya Kusuma Room for the treatment of surgical, eye and ENT;
- 3) Diseases. Jasmine room for obstetrics and gynecology treatment;
- 4) ICU room for intensive care;
- 5) Cempaka Room for treatment of perinatology;
- 6) Flamboyant Room for pediatric disease treatment room;
- 7) Lotus Room for the treatment of internal and nervous diseases;
- 8) Rose and orchid room for VIP treatment.

d. Central surgical services

Regional General Hospital dr. R. Soetijono Blora has 3 (three) operating rooms equipped with the following equipment:

- 1) General surgery;
- 2) Eye surgery;
- 3) ENT surgery;
- 4) Obstetrics and Gynecology Surgery;
- 5) Orthopedic Surgery.

e. Medical Support Services

- 1) Radiology equipped with CT scans;
- 2) Laboratory;
- 3) Pharmacy.
- 4) Medic rehabilitation;
- 5) Hemodialysis.

Table 3. Performance Achievement Strategic 1

Target Strategic	Performance Indicator	Target	Realization	% Achievement
Increasing the quality of health services in accordance with the standards set by the government	- Inpatient: BOR, LOS, TOI, NDR, GDR according to standards; - Increased number of outpatient visits by 5% from last year.	Inpatient: BOR: 60-80%	Inpatient: BOR: 68.8%	100%
		LOS: 5-13 days	LOS: 3.3 days	65%
		TOI:<3 days	IOS: 1.61 days	100%
		BTO >40 times	BTO: 70, 83 times	100%
		NDR<25%	NDR: 24.1%	100%
		GDR<45%	GDR: 52.5%	83.4%
	Outpatient 39.658-41.41	Outpatient: 46.392%	111%	

Source: LkjIP RSUD dr. R. Soetijono Blora, 2020.

Information:

1. BOR (Bed Occupancy Rate) = the average percentage of bed use in one period (1 year).
2. LOS (Length of Stay) = average length of patient care.
3. TOI (Turn Over Interval) = the average time the bed is empty/not occupied
4. BTO (Bed Over Interval) = the number of times the patient's bed is occupied in 1 year.
5. NDR (Net Death Rate) = patient mortality rate more than 48 hours of treatment.
6. Outpatient support = patients who come to check themselves/treat at the polyclinic.

Hospital Service Performance Strategy dr. Soetijono Blora

The service performance strategy was studied from: improving the quality services of patient BPJS, serving them accordingly quota BPJS patients, improvement of hospital facilities/infrastructure, equipment/infrastructure, improvement of medical skill of medical/non-medical personnel, availability of budget, adequacy of infrastructure hospital.

In general, the achievement of the big targets in indicator 1, increasing the quality of health services in accordance with the standards set by the government achieved in the good category. Health service quality performance indicators in hospitals were measured from inpatient services in the form of: BOR, LOS, TOI, BTO, NDR and GDR, according to limits the standard minimum from the Ministry of Health, and indicators of an increase in the percentage of outpatient visits by 5% from last year's visits. The inpatient indicators for BOR, TOI, BTO and NDR were 100% achieved,

while the realization of LOS was still 66% and the realization of GDR was 83.4% of the standard. For outpatient indicators seen from the percentage of outpatient visits, the achievement of outpatient visits has exceeded the target of 111%. This increase was caused, among other things, because the hospital had provided CT Scan equipment and hemodialysis services.

The reason for not achieving inpatient performance achievements, especially LOS and GDR, is due to the pattern of disease in hospitals where in the top 10 most diseases being hospitalized on average are acute diseases or diseases that come suddenly and in a short time such as: hypertension, diarrhea. Not achieving the GDR is possible because the patient is a referral from a puskesmas (Public health center) or other health care facility and has not undergone optimal hospital care (<48 hours) but has died.

The performance of inpatient services at RSUD dr. R. Soetijono Blora seen as in the table below based on the results of data reduction as follows table 4.

Table 4. Achievement of Strategic 2

Targets Strategic Goals	Performance Indicators	Target	Realization	Performance Achievements (%) Service
Non-quota BPJS patients throughout Blora Regency	Health services for patient's non-quota BPJS (Jamkesda)	10,300 outpatients and inpatients	9,185 outpatients and inpatients	89.18%

Source: LpkIJ RSUD dr.R. Soetijono Blora, 2020.

Table 5. Strategic Goals Achievement Target 3

Objective Strategic	Performance Indicators	Target	Actual	Achievement Performance (%)
Insufficient health service infrastructure	Infrastructures fulfilled	13 kinds of medical supplies and medical devices 19	13 kinds of medical supplies and medical equipment 19	100

Source: LpkIJ RSUD dr. R. Soetijono Blora, 2020.

Table 6. Achieving target Strategic 4

Objectives Strategic	Performance Indicators	Target	Actual	Achievement Performance (%)
Increased infrastructure hospital for patients affected by diseases caused by smoking	Number of common medical devices	10 kinds of medical supplies	10 types Alkes	100

Source: LpkIJ RSUD dr. R. Soetijono Blora, 2020.

In general, the achievement of indicators for the achievement of BPJS non-quota patient services throughout Blora Regency was in the good category. The realization of outpatient visits and inpatient visits of Jamkesda patients did not reach the target, but the percentage of achievement was already 89.18%.

Achievement of the performance indicators for adequate facilities and infrastructure was good, reaching 100%, the realization achieved in accordance with the targets set (see table 5).

Achievement of strategic target 4 with performance indicators on the number of general medical devices was achieved in good condition.

Target 4 showed financially from the Tobacco Excise Revenue Sharing Fund

(DBHCHT) of 2,550,000,000 and realized Rp. 2,357,410,860, or 92.45% of the total ceiling. With the achievement of target 4, the hospital was guided by the Regulation of the Minister of Finance Number 20/PMK.7/2009 concerning the Use of DBHCHT, the program to be implemented in achieving target 4 was directed at providing facilities and infrastructure for patients affected by diseases caused by smoking, in order to patients were served well. The target of DBHCHT in the health sector was to maintain and restore health due to the impact of smoking, procurement of general medical equipment including:

- CPAP : 1 unit;
- Ventilator Machine : 1 unit;
- Manual Hospital bed : 20 units;
- Mattress : 20 units;

Table 7. Achievement of the target of Strategic 5

Objectives Strategic	Performance Indicators	Target	Actual	Achievement Performance (%)
Power dr. R. Soetijono Blora who has a personality in service	Increased skills and knowledge about the personality of Employees in providing services to customers	300 people	300 people	100

Source: LpkIJ RSUD dr. R. Soetijono Blora, 2020.

Table 8. The achievement of the target of the Strategic 6

Objective Strategic	Performance Indicators	Target	Actual	Achievement Performance (%)
Availability of budget salary contract staff area	payment of the fee contract staff area	1	1	100

Source: LpkIJ RSUD dr. R. Soetijono Blora, 2020.

Table 9. Achievement of the target Strategic 7

Objectives Strategic	Performance Indicators	Target	Actual	Achievement Performance (%)
Insufficient facilities and infrastructure at the hospital	Fulfilled Infrastructures	1 unit building inpatient	1 unit building hospitalization	48.87

Source: LpkIJ RSUD dr. R. Soetijono Blora, 2020.

- Class III bedside cabinet : 20 units;
- Electric hospital bed and mattress: 5 units;
- Bedside VIP cabinet : 5 units;
- Over bed tables : 5 units;
- Operating table : 2 unit;
- Tool coagulation : 1 unit.

To determine the achievement of strategic objectives 5 as seen in the table 7.

Achievement of target 5 with performance indicators increasing skills and knowledge about the personality of employees in providing services to customers was a good category. Target 5 was financed from the Blora district budget of Rp. 400,000,000 and reached Rp. 352,342,900 or 88.09%. Target 5 was achieved by implementing a program to increase the capacity of personnel resources with education and training activities. Education and training activities that have

been implemented were the Training Occupational Health and Safety (K3) and training on effective communication and soft skills.

The achievement of strategic targets 6 can be seen in the following table 8.

Achievement of performance target 6 with performance indicators paid off the honorarium for regional contract workers, achieved in the good category.

Achievement of the strategic target of 7 performance indicators for adequate facilities and infrastructure was achieved in the poor category.

Target 7, which was funded from the APBD of Blora Regency, and realized amounted to Rp. 2,973,000,000; Rp. 1,452,804,000 or 48.87%. Performance achievements was the poor category and budget realization which was only 48.87% due to the implementation of this activity

was constrained by licensing because the building to be demolished was a cultural heritage and the auction has failed up to 3 (three) times. The completion time of the activity was not sufficient to carry out the work in accordance with the requirements, targets that have been set. This activity was planned to be continued next year.

CONCLUSION

1. Evaluation of the performance of RSUD dr. R. Soetijono Blora in BPJS patient care was classified as a good category, of the 7 strategic targets there was only 1 (target) which has less value;
2. Judging from the satisfaction index (Community Satisfaction Survey) RSUD dr.R. Soetijono Blora scored 76.57 in the good category.

Recommendations

1. Need more intensive coordination related to service improvement at RSUD dr. R. Soetijono Blora is to improve strategies for under-value targets;
2. Addition of an inpatient building is for many more BPJS patients.

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