

Pharmacy installation performance analysis of Blitar Hospital through a balanced scorecard approach with a SWOT analysis framework in 2023

Triya Wahyuningtyas*, Ika Purwidyaningrum, Tri Wijayanti
Faculty of Pharmacy, Setia Budi University, Surakarta, Indonesia

*Corresponding author's email: tryatyas26@gmail.com

Accepted: 23 August 2024; revision: 21 November 2024; published: 31 December 2024

Abstract

Background: The development of Blitar Hospital results from collaborative deliberation that requires comprehensive planning, financial allocation, intellectual consideration, and a strategic approach to achieve optimal results.

Method: This study aims to evaluate the performance of the Pharmacy Installation using the Balanced Scorecard approach with SWOT to determine the position of the Pharmacy Installation as a strategy preparation. This type of research is descriptive non-experimental. Data were obtained through in-depth interviews with the Head of the Pharmacy Installation, questionnaires to employees and patients, and direct observation. Qualitative and quantitative descriptive analysis was used.

Results: The results showed that performance: 1) Financial perspective: ITOR 2022 (6 times), 2023 (7.7 times); GPM 2022 (26.50%), 2023 (30.61%); GROSS 2022 (61%), 2023 (23.82%). 2) Internal business process perspective: Drug availability rate 2022 (98.48%), 2023 (97.96%); dispensing time of concocted prescription (47.30 minutes), non-concocted prescription (31.54 minutes); Provision of drug information: delivered 100%, except side effects (2.63%), duration of use (4.28%), Storage method (0%). 3) Growth and learning perspective: Employee morale is high; SIM needs feature optimization; Employee training level (100%). 4) Customer perspective: Patients are satisfied with the pharmacy installation services; customer retention period I (52%), period II 2023 (37%); customer acquisition period I (48%), period II (65%). SWOT analysis shows that the Pharmacy Installation is in quadrant II with a diversification strategy.

Conclusion: The performance of Pharmacy Installation Blitar Hospital is good and can be improved.

Keywords: SWOT Analysis; Balanced Scorecard; Performance Evaluation; Quality of Pharmacy Services.

INTRODUCTION

The Indonesian government aims to improve the community's overall health by prioritizing expanding access to health institutions, including hospitals, that offer high-quality health services(1). Improving the quality of a health service is closely related to pharmacy services. The Hospital Pharmacy Installation functions as a functional implementation unit responsible for carrying out all pharmacy service activities in the hospital. Hospital pharmacy services are essential in the healthcare system, primarily focusing on patient welfare. These services include the provision of pharmacy preparations, medical devices, and medical consumables, all of which aim to provide high-

quality and cost-effective healthcare solutions for individuals in different walks of life. In addition, clinical pharmacy services are also offered as part of this comprehensive quality improvement framework(1). Considering its various complexities, hospital performance assessment requires implementing a performance measurement system. Performance measurement can assist health facilities in conducting inspections to ensure optimal and consistently high-quality community services. This paradigm requires hospitals to assume comprehensive responsibility for their performance, which includes service quality and financial aspects (2).

Achieving the total quality of health services in the hospital environment will not be realized without participating in hospital installations, including pharmacy installations so that the performance measurement of pharmacy installations becomes an important point to review service quality(1). Performance measurement includes various methodologies, one of which is the Balanced Scorecard. Balanced Scorecard is a performance evaluation tool based on balance across multiple aspects of the organization, including financial and non-financial, as well as internal and external factors (3).

This approach integrates the financial viewpoint with three non-financial viewpoints: the company's internal process, customer, and learning and development. Each viewpoint consists of various measurable indicators that can provide further insight into the organization's achievement level (4). The results of the Balanced Scorecard measurement are needed as one of the materials for evaluating the organization about services so that it can improve and improve performance to achieve organizational goals in the future, as the Balanced Scorecard method in measuring the performance of an organization not only focuses on administration and facilities / infrastructure but human resources (HR).

METHOD

This study used a non-experimental approach through an exploratory descriptive design. This study aims to assess the performance of Blitar Hospital Pharmacy Installation through a Balanced Scorecard approach with SWOT analysis. This idea includes four different views, specifically the financial perspective, internal business process perspective, learning and growth perspective, and customer perspective, to be evaluated with assessment indicators (5), which are then analyzed with the SWOT framework so that the position of the Pharmacy Installation is known for strategy development.

The data collection methods used in this study include historical (retrospective) and prospective methods. Retrospective (secondary) data are financial statements and inventory reports. Prospective (primary) data refers to the data collected during the study in 2024, namely surveys, drug availability information, and drug information provision. Both qualitative and quantitative data met the criteria for data to be collected. Qualitative data collection was conducted by direct observation and survey of prescriptions within one month and in-depth interviews with the Blitar Hospital Pharmacy Installation pharmacist. Quantitative data collection was carried out by providing questionnaires to employees and patients and financial reports during the 2022-2023 period.

RESULTS

The research findings are organized according to the conceptual framework into four Balanced Scorecard perspectives: finance, internal business processes, growth and learning, and customers(6). These are then analyzed using SWOT to determine the position of the Pharmacy Installation as a basis for strategy development.

Table 1. ITOR value of Blitar Hospital Pharmacy Installation in 2022 and 2023

Parameters	Year 2022	Year 2023	Assessment indicators
Inventory Turn Over Ratio	6 times	7,7 times	8-12 times/year

Table 1 displays the data obtained from the ITOR calculation. Inventory Turnover Ratio measures how quickly pharmacy inventory is distributed, including when new drugs are purchased, sold, and replaced. According to (7)(8) in hospitals the ITOR value is 8-12 times, but in industry, it is usually 7-9 times. The effectiveness of drug management increases as the ITOR rate increases (8). This ITOR value calculation

uses retrospective data. The data comes from the 2022 and 2023 financial statements.

Table 2. Gross Profit Margin Value of Blitar Hospital Pharmacy Installation in 2022 and 2023

Parameters	Year 2022	Year 2023	Assessment indicators
GPM	26,50%	30,61%	20-33%

GPM calculation data is shown in Table 2. Gross Profit Margin (GPM) is calculated to estimate the ratio that shows the percentage of profit earned from sales at the Blitar Hospital Pharmacy Installation. In medical facilities, better sales are associated with greater GPM, so the higher the GPM, the better the sales level. The ideal GPM standard, according to (9) is 20-33%.

Table 3. Value of Growth Ratio on Sales of Blitar Hospital Pharmacy Installation in 2022 and 2023

Parameters	Year 2022	Year 2023	Assessment indicators
GROS	61%	23,82%	≥10%

The results of the calculation of the GROSS value are shown in Table 3. The sales increase ratio (GROSS) shows how much the sales growth rate is over a certain period. States that the standard value of GROSS in Indonesia is around 10% (8).

Table 4. Percentage of Drug Availability in the Pharmacy Installation of Blitar Hospital in 2022 and 2023

Description	Year 2022	Year 2023
Average number of drug items (R/) prescribed	10.557	14.375
Average number of drug items (R/) delivered	10.416	14.080
Percentage of medicine availability (%)	98,48%	97,96%

Table 4 displays data on the level of drug availability that has been measured. Drug availability can be known by comparing the number of prescribed drugs and medications delivered by the Blitar Hospital Pharmacy Installation. The data used is retrospective data derived from evaluation

reports of unserved prescriptions in 2022 and 2023.

Table 5 displays the findings from the dispensing time observation. In services at the Blitar Hospital Pharmacy Installation, waiting or dispensing time is crucial in pharmaceutical services because the time starts from when the patient submits the prescription until the patient gets the medicine. Prospective data collection methods were carried out by observing prescription services at the Blitar Hospital outpatient pharmacy installation in February. Three hundred four prescription samples were randomly divided into compounded and non-compounded prescription groups.

Table 5. Average Dispensing Time

Parameters	Sample Quantity	Dispensing time (Minute)	Standard
Concoction Recipe	63	47,30 minutes	≤ 60 minutes
Non-Compound Recipe	241	31,54 minutes	≤ 30 minutes

Table 6. Drug Information Service

Parameters	Number of PIO fulfillment	Percentage (%)
Name of medicine	304	100%
Indications	304	100%
Dosage	304	100%
Usage rules	304	100%
Side effects	8	2,63%
Length of use	15	4,28%
Storage method	0	0%

The results of observations about the provision of Drug Information Services are presented in table 6. Assessment of the provision of drug information to outpatients at the Blitar Hospital Outpatient Pharmacy Installation was carried out by direct observation during the study. The data used were prospective. A total of 304 patient prescription samples were collected randomly. Each observation was tabulated into a data collection sheet, the number of fulfilled drug information provisions was

calculated, and the percentage was obtained. Drug information provided by pharmacy professionals during drug delivery included drug names, indications, dosage instructions, usage guidelines, potential side effects, recommended duration of use, and correct storage method.

Table 7. Work Morale of Pharmacy Installation Employees at Blitar Hospital

Statement	Value Average	Description
1	3,63	Very High
2	3,63	Very High
3	2,67	High
4	2,37	Low
5	2,37	Low
6	3,63	Very High
7	2,40	Low
8	3,23	High
9	2,73	High
10	3,63	Very High
11	3,10	High
12	3,13	High
13	2,73	High
14	3,27	Very High
15	3,10	High
16	2,73	High
17	3,20	High
18	2,40	Low
19	2,40	Low
20	3,10	High
21	3,07	High
22	3,20	High
23	3,10	High
24	2,33	Low
Average Score	2,97	High

Table 7 displays the findings of the employee morale evaluation. The head of the pharmacy installation at Blitar Hospital was one of the 30 employees who filled out the morale questionnaire. Before being distributed. The Work Spirit Scale compiled by (10) became an instrument for assessing employee morale.

According to Table 8, the number and percentage of employee training have been fulfilled; it can be seen that in 2022, it was 100%, and in 2023, it was also 100%. Blitar Hospital initiated a rotation system for staff training to ensure a more comprehensive and even distribution of training opportunities

among personnel. The Blitar Hospital Pharmacy Installation tries to improve personnel competencies by participating in pharmacy-related training and seminars and organizing scientific pharmacy discussion activities. The pharmacy installation conducts or submits internal and external training at least twice a year. Training that has been carried out includes in-House Training on Patient and Family Rights, in-House Training Code Blue, K3 training, in-House Training KMKP (Primary Health Quality Committee), Basic PPI training (Infection Prevention and Control), Aseptic Dispensing Technique training (11).

Table 8. Employee Training Percentage Data

Description	Year 2022	Year 2023
∑ total employees	30	30
∑ Employees who received training	30	30
Employees who received training (%)	100%	100%

Table 9. Wilcoxon Test Results

Test Statistics ^a	
Description	Expectation - Performance
Z	-1,342 ^b
Asymp. Sig. (2-tailed)	,180
a. Wilcoxon Signed Ranks Test	
b. Based on negative ranks.	

The survey results using a questionnaire given to patients or family members of patients who received prescription services at the Blitar Hospital Pharmacy Installation, can be used to measure the level of patient satisfaction. Measuring patient satisfaction is carried out to see the extent to which the performance of the Blitar Hospital Pharmacy Installation can meet patient expectations and as a benchmark for knowing which aspects of performance must be improved and addressed. In March 2024, random sampling of 304 respondents was conducted. By comparing the reality patients feel with what is expected, measurements are taken to determine the category of patients satisfied

with the services provided by the Blitar Hospital pharmacy installation. This customer satisfaction survey included patients in the category of general patients, patients who participated in health insurance, and patients who had repeatedly treated or visited Blitar Hospital. Luxurious facilities, advanced and comprehensive technology, and physical appearance are just a few indicators of good service quality; staff attitudes and behaviors must also demonstrate a high level of dedication and professionalism. Furthermore, the data was calculated using performance and expectation score analysis.

GAP analysis between performance score and expectation score to determine whether there is a significant difference between the performance score expected by patients and the IFRS performance score perceived by patients, a GAP analysis was conducted. The difference was calculated using the results of each dimension on the questionnaire. The Wilcoxon test was used in the GAP analysis using nonparametric statistical techniques. To pass the test, the test criterion is that the expectation score and the performance score are significantly different if the significant value is smaller than 0.05 otherwise there is no significant difference if the considerable value is greater than 0.05.

Table 10. Satisfaction Recapitulation of Five Dimensions of Service Quality

No.	Dimensions of Service Quality	Performance	Expectation	SERVQUAL Score
1.	Tangible	3,42	3,42	0
2.	Reliability	3,46	3,46	0
3.	Responsiveness	3,48	3,51	-0,03
4.	Assurance	3,43	3,43	0
5.	Emphaty	3,48	3,51	-0,03

A five-dimensional analysis where the difference between the patient's expected expectations and perceived performance is characterized by GAP analysis. Ideally, the GAP value between performance and expectations is zero, indicating that performance matches patient expectations.

The magnitude of the gap determined by the SERVQUAL GAP 5 dimensions directly correlates with the level of service quality. A more significant gap indicates a worse level of service. Therefore, the focus on improving service quality addresses the most substantial gaps or discrepancies. On the other hand, the smaller the gap (the GAP is close to zero or positive), the better the service quality. This makes it possible to measure patient satisfaction as a basis for assessment. Table 10 shows a recapitulation of the service quality dimensions.

Table 11. Customer Retention (ability to retain customers)

Parameters	January-June 2023 Period	July-December 2023 Period
Old customers	5.865	6.211
Total of customers	11.277	16.598
% Customer Retention	52%	37%

Table 12. Customer Acquisition (ability to get new customers)

Parameters	January-June 2023 Period	July-December 2023 Period
New customers	5.412	10.766
Total of customers	11.277	16.598
% Customer Acquisition	48%	65%

Table 11 presents the findings from the Customer Retention assessment. Analyzing patient visit data from January to December 2023 provides insight into Customer Retention, or the capacity to retain customers. Based on the timeframe, patient therapy is divided into two periods in one year: January-June 2023 is the first period, and July-December 2023 is the second. Existing customers visit the Blitar Hospital Pharmacy Installation at least three times in six months to purchase medicine. Customers who visit Blitar Hospital for the first time and buy

medicine less than three times in six months are considered new customers.

Table 12 displays the results of the customer acquisition measurement. Blitar's Hospital capacity to attract new customers is known as customer acquisition. Analyzing patient visit data from January to December 2023 yields information about customer acquisition. The measurement is divided into January-June for the first period and July-December 2023 for the second period.

SWOT Analysis

When strategizing an organization / company, SWOT analysis is a systematic way to evaluate many aspects (12). It is based on reasoning that can maximize opportunities and strengths while minimizing threats and weaknesses. The underlying premise of this analysis is that a successful plan will reduce

risks and deficiencies while maximizing current opportunities and strengths. This simple assumption, if used correctly, significantly influences the creation of effective strategies and the study of the business environment to provide the necessary data to recognize opportunities and dangers within the organization or company (13). Data elaborated from the results of performance evaluation from the four perspectives of the Balanced Scorecard and in-depth interviews with the Head of the Blitar Hospital Pharmacy Installation were then grouped into key factors and weighted by informants (Key Pearson) of the Blitar Hospital Pharmacy Installation to determine the IFE and EFE values as the basis for developing strategies from the position of the Pharmacy Installation according to the Cartesian diagram shown in figure 1.

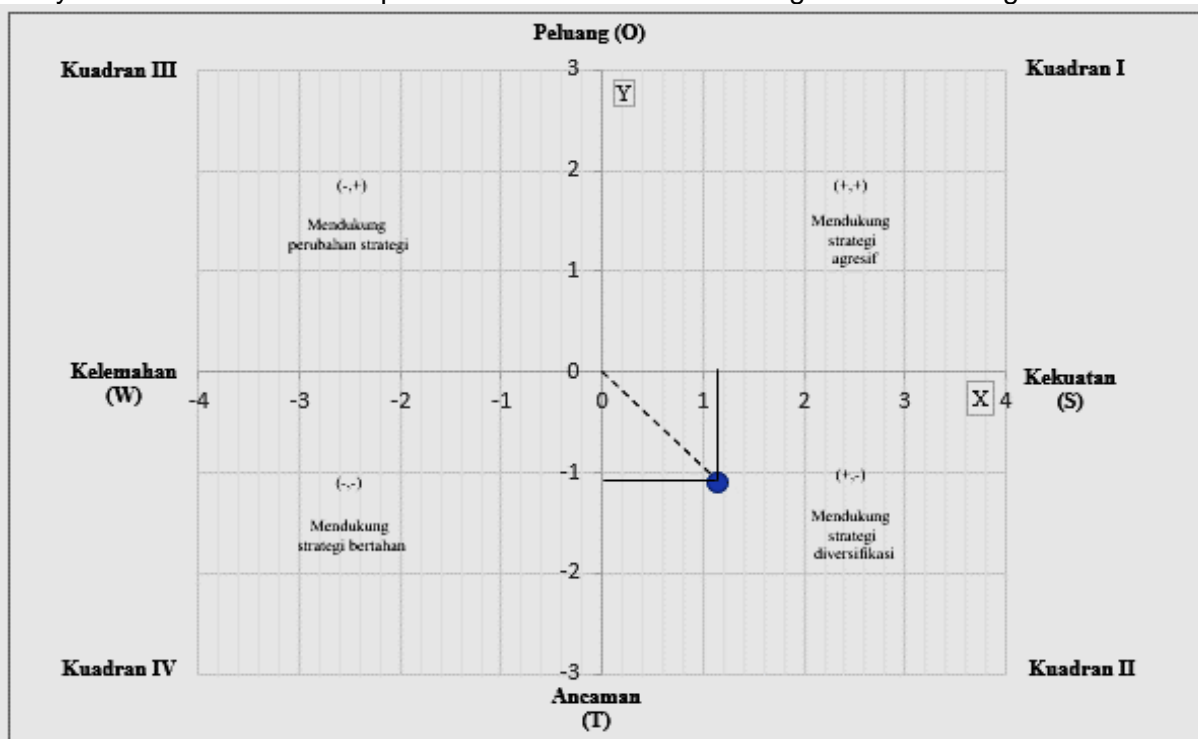


Figure 1. The position of Pharmacy Installation in the Cartesian diagram

DISCUSSION

Financial Perspective

1. Inventory Turn Over Ratio (ITOR)

Blitar Hospital Pharmacy Installation reduced the significant buildup of inventory in the previous year, which had sufficient inventory at the sales level but not too much. Hence, the

inventory turnover in the Pharmacy Installation was quite good even though it was not maximized during 2022-2023. Still, there was no striking inventory turnover. The higher the drug turnover, the better because it shows that the Pharmacy Installation is run with minimal investment in inventory, which will

fulfill cash flow and working capital. Compared to the standard ITOR value used in Indonesia, which is 8–12 times in a year, the research results at the Noongan Hospital Pharmacy Installation show that the value obtained by the Noongan Hospital Pharmacy Installation is 3.25 times. This indicates that the drug inventory turnover at the Noongan Hospital Pharmacy Installation is still inefficient (14). This is important because drug inventory is the most significant asset in pharmacy installation. Some efforts that can be made by the management of the Blitar Hospital Pharmacy Installation to maximize the value of inventory turnover include increasing sales without increasing inventory or reducing inventory while maintaining the same level of sales.

2. Gross Profit Margin (GPM)

There has been an increase in the GPM value, which indicates that sales at the Blitar Hospital Pharmacy Installation are excellent and profitable. The operating conditions of the Blitar Hospital Pharmacy Installation can be seen from the Gross Profit Margin value, which indicates that the cost of goods sold is relatively lower than the value of sales (gross profit). Conversely, a low value for this ratio suggests that the company's operations are less profitable (15). Gross profit margin depends on the selling price, quantity of goods sold, and cost. Therefore, a decrease in the Gross Profit Margin will impact net income from the Blitar Hospital Pharmacy Installation sales.

Efforts that can be made to maintain and increase the GPM value include looking for pharmaceutical wholesalers (PBF) that can offer medicines at lower prices or provide higher discounts in addition, increasing the profit margin on drug sales and monitoring cooperation agreements with insurance parties.

3. Growth Ratio on Sales (GROSS)

The GROSS value decreased from 2022 to 2023. However, the GROSS value

of the Blitar Hospital Pharmacy Installation has reached the standard GROSS value in Indonesia. The GROSS value in 2022 is 61%, which can be interpreted as a high level of drug sales; this can be because, in 2022, there is still a transmission of the COVID-19 pandemic with a new variant, Omicron, so in that year, there are still many patients who need special care even though the number of infected cases is not as many as in 2019-2021. This is followed by the gradual decrease in drug sales along with the decline in patient care in 2023 so that the sales level returns to normal and adjusts to the situation in that year. Blitar Hospital can make efforts to maintain the GROSS value, among others, by updating the drug information system that has been used to support the Pharmacy Installation's performance more efficiently and provide the best service.

Internal Business Process Perspective

1. Drug Availability Level

The average drug availability rate has yet to reach 100%. In 2022, the drug availability rate was 98.48%, while in 2023, the average drug availability rate was 97.96%. Based on the interview with the head of the Blitar Hospital Pharmacy Installation, the leading cause of drug unavailability is the lack of compliance of doctors in prescribing drugs by the formulary, which results in the inability to fulfill the demand for certain drugs. Effective drug management also directly affects the availability of drugs in the pharmaceutical warehouse. To improve drug availability, the Blitar Hospital pharmacy installation has proposed that doctors write prescriptions using the formulary and provide alternative drugs that are not included in the formulary but are prescribed with the approval of the hospital director based on the drug

submission form. Another effort that can be made to avoid drug vacancies in the pharmaceutical warehouse is to reorganize the drug inventory system (inventory) to order drugs according to the amount needed and at the right time. A sound drug inventory system can minimize patient waiting time to get drugs, improving service quality (8).

2. Dispensing Time

The average waiting times for compounded and non-compounded prescriptions were 47.30 and 31.54 minutes per prescription, respectively. The waiting time for non-compounded prescriptions is longer than the average waiting time for compounded prescription services. Prescription services for compounded drugs have a standard waiting time of < 60 minutes, while non-compounded prescriptions have a standard waiting time of ≤ 30 minutes. Thus, the average waiting time for compounded prescriptions meets the service criteria but exceeds the pharmacy service standards for non-dispensed drugs. Based on research conducted by (14), it is stated that the duration of drug delivery can impact patient satisfaction with IFRS services, which can affect the financial condition of hospital pharmacy installations.

According to the results of interviews and observations that have been made, the length of time for drug supply occurs due to several factors, including: the accumulation of prescriptions at peak hours due to the schedule of doctors practicing poly not according to the schedule that should be and backwards which eventually coincides with other outpatient poly practices, the management information system regarding the availability of inadequate drugs and the

use of non-formulary drugs resulting in pharmacists needing time to contact doctors and patients to confirm replacement drugs, the process of repeated checks by service pharmacists at the time before delivery to patients in order to prevent errors both medication errors and potential errors, the lack of separation between the Inpatient Depot and the Outpatient Depot to shorten the waiting time for drug services, a long pause also occurs during drug delivery where the drug has been compounded but is waiting in line to be handed over to the patient, lack of labor while the work volume load is increasing, especially on certain days there can be crowded such as Monday or service after a long holiday.

The average time taken to prepare medicine is a good indicator of how well the organization performs (16). Various factors can affect the speed of drug delivery, such as the organization of the service area, staff workload, availability of drugs in the unit, technical and storage methods used, staff knowledge and skills, and the level of commitment and sense of responsibility of employees. A drug preparation process that takes too long will demotivate employees, which in turn will reduce organizational effectiveness. As for patients, this will impact their satisfaction level with the pharmacy installation services. Hospital Pharmacy Installations can make several efforts, such as separating inpatient and outpatient depots, to shorten the waiting time for patients to take medicine by adding counters for drug delivery, reducing the workload of pharmacy executives, and increasing performance effectiveness.

3. Drug Information Service

The delivery of complete drug information has yet to reach 100%.

Specifically, the percentage of side effect information provided was 2.63%, information on duration of use was 4.28%, and information on how to store drugs was 0%. This findings not by Permenkes RI No. 35 of 2014. According to the results of the assessment and interviews, it was found that specific pharmacological information is only communicated for certain drugs. Information regarding the adverse effects of drugs is only provided if the side effects interfere with patient comfort, such as causing drowsiness, frequent urination, or red urine. Information on the duration of drug use is only provided for drugs that are used for an extended period and require special attention, such as TB drugs, antibiotics, or chronic drugs . Storage instructions are only provided for certain drugs that require special techniques, such as insulin, and most patients using drugs that require special storage techniques at the time of the research were patients with second or third visits, so the pharmacist on duty did not convey the storage method because they were considered to understand how to store them.

Growth and Learning Perspective

1. Employee Morale

The work morale of employees of Blitar Hospital is included in the high category, namely 2.97. However, it is still not optimal, so it can be improved by improving a mutually supportive work environment, creating a sense of kinship between employees. Loyalty to an organization or company is crucial in determining employee morale. A dissatisfied worker can cause discomfort for other workers in the workplace. The workday will get longer and harder. Dissatisfaction or lack of excitement about one's profession can weaken motivation to improve knowledge

and abilities (17). Employee income, that is, the duties, authority, length of service, and class of employees, all impact high morale. In addition, tasks or obligations that are appropriate for workers based on their education and experience also encourage high morale. Reward programs and activities that are entertainment or joint events outside of working hours can also increase employee morale (18).

2. Development of Management Information System (SIM)

Observations of SIM obtained through in-depth interviews with the head of the Blitar Hospital Pharmacy Installation, it is known that the management information system used is good but still needs feature optimization, for example, a prescription notification system with the hope that prescriptions can be printed automatically and sorting and filter features to facilitate searching by specific categories so that it is more efficient and structured. Optimization in the development of SIM Blitar Hospital is of more concern to provide the best service, according to research conducted (19). entitled Evaluation of the Implementation of Pharmaceutical Information Systems at the Gadjah Mada University Hospital Pharmacy Installation, which states that the UGM Hospital pharmaceutical installation has not utilized the use of pharmaceutical SIM output as a source of information for decision making. The data output generated by the UGM Hospital Pharmacy Installation information system at that time could not be used as the primary source of information. Management still does not support the use of pharmacy information system outputs. Manual data is the primary and most reliable information source for decision-making.

The Blitar Hospital Pharmacy Installation has made several efforts, such as updating drug purchases, incoming stock, outgoing stock, stock cards, remaining stock, drug expiration dates, patient drug use history, and queuing systems for prescription services, which were previously still manual. There was often confusion in the queue, but now it is more organized, making it easier for patients to distribute prescriptions and receive drugs.

3. Employee Training Level

The hospital's efforts to develop its internal resource assets, especially its human resources, align with the pharmacy installation's efforts to improve the knowledge and abilities of its staff, among others, by sending its personnel to attend seminars and training. The idea behind this initiative is to improve the staff's competence, experience, and skill level, which will enhance services to patients. Developing employees' knowledge and skills is necessary to improve pharmacy installation services, which will affect patients' satisfaction with the services. Hospital pharmacy installation officers need to receive training to enhance their skills and expertise to provide better services because they are one of the main drivers of the hospital and are at the forefront of providing services to patients. The more significant the proportion of employees who receive training, the greater the impact on their productivity at work. Based on interviews and studies, this parameter includes reviewing the records and archives of the Blitar Hospital's pharmaceutical installation in 2022 and 2023.

Customer Perspective

1. Patient Satisfaction

Table 9 shows the significance value is 0.180, where this value is greater than 0.05, so there is no significant difference between performance and expectations. This indicates that patient satisfaction with

the services provided by Blitar Hospital has been fulfilled.

The GAP obtained from each dimension shows the level of conformity between the expected services and those received by outpatients in the pharmaceutical installation. In contrast to previous research on Measuring the Performance of IFRS Karsa Batu on the Customer Perspective with the Balanced Scorecard Approach conducted (20) stated that the largest GAP appeared in the reliability dimension, while Table 10 shows that the most considerable GAP value is in the Responsiveness and Empathy dimensions, although not very meaningful and significant, namely -0.03. In the Tangible, Reliability, and Assurance dimensions, it can be seen that the GAP value is 0, so patient expectations are met by the performance of the Blitar Hospital Pharmacy Installation so that patients are said to be satisfied with the services of the Blitar Hospital Pharmacy Installation.

2. Customer Retention

According to the data in the table above, 6,211 more existing customers in the second period compared to 5,865 in the first. However, there was a decrease in the proportion of customer retention of 37% in the second period from 52% in the first period. Most of the patients who returned for treatment had chronic illnesses and needed regular treatment every month. Patients who visit only once in a certain period are usually patients who have acute illnesses and can be cured with just one treatment. As a result of the patient's recovery and improved health, patients who previously went to Blitar Hospital no longer require treatment, allowing the facility to fulfill its mission.

3. Customer Acquisition

The findings show a significant increase in the number of new patients from the first period of 5,412 to the second period of 10,766, where the percentage between period one is 48% and period two is 65%; there has been a significant increase in the proportion of customer acquisition. Blitar Hospital can provide additional services

from those previously available to Jasa Raharja patients, BPJS Health, and

general patients, which are also available to BPJS Employment patients.

<p>INTERNAL (IFAS)</p> <p>EXTERNAL (EFAS)</p>	<p>Strengths (S)</p> <ul style="list-style-type: none"> a. SOP implementation is complete b. Brochures and electronic media as a means of pharmaceutical information. c. Drug pick-up and delivery facilities for patients d. Patients are given comfort with modern hospital facilities and design e. Friendly pharmacy staff f. IFRS staff education and training g. Director support in developing IFRS 	<p>Weaknesses (W)</p> <ul style="list-style-type: none"> a. There is a need to optimize the SIM of the Pharmacy section (proposed by the Head of the pharmacy installation for prescriptions to be <i>printed</i> automatically) b. The number of pharmacy staff is still insufficient c. There is no separation of services between inpatient and outpatient care. d. Absence of IFRS vision and mission e. <i>Dispensing time</i> is not yet appropriate f. Drug information services in the form of providing information related to drugs have not been conveyed in full
<p>Opportunities (O)</p> <ul style="list-style-type: none"> a. Increase in the number of new patients b. Improved public awareness on the selection of health services c. High local government support for health services d. Serving general patients, BPJS health, BPJS employment, Jasa raharja 	<p>Strategy (S-O)</p> <ul style="list-style-type: none"> a. Improve the quality of hospital pharmacy services b. Improve pharmacy services that focus more on patient satisfaction c. Increase promotion through social media d. Providing pharmaceutical services by <i>telemedicine</i> e. Seeking the cheapest possible price for drugs from pbf 	<p>Strategy (W-O)</p> <ul style="list-style-type: none"> a. Improve SIM that supports more optimal pharmacy services b. The need for additional staff at the pharmacy counter to make the service more effective. c. Separation of service focus between outpatient and inpatient pharmacy and adding drug delivery counters. d. There needs to be an agenda to establish the vision and mission of IFRS so that the objectives of IFRS can be achieved. e. Convey complete drug information to patients to avoid things that can harm patients
<p>Threats (T)</p> <ul style="list-style-type: none"> a. Large number of competing hospitals b. Quality of human resources in the globalization era competition c. Keeping up with science and technology d. Frequent drug vacancies at PBF e. Some doctors prescribe drugs outside the formulary f. Decreased patient satisfaction 	<p>Strategy (S-T)</p> <ul style="list-style-type: none"> a. Improve employee performance by means of pharmaceutical education and training in order to be able to compete. b. Conduct monthly planning to avoid drug vacancies c. Coordination with doctors who prescribe drugs outside the formulary to find solutions 	<p>Strategy (W-T)</p> <ul style="list-style-type: none"> a. Developing science and technology and SIM, in order to support pharmaceutical services and drug information b. Need to improve SIM to maximize services by adding a prescription notification feature and sort & filter feature. c. Consolidate with the medical support manager in order to make a written policy in the form of sanctions or rewards for prescription writers so that it does not burden one party which results in harming the hospital.

Figure 2. Strategy recommendation SWOT matrix

Strategizing From The SWOT Matrix

The key factors were compiled by the results of the elaboration of the performance evaluation of the four Balanced Scorecard perspectives and in-depth interviews with the Head of the Blitar Hospital Pharmacy Installation. Then, the IFE EFE matrix and SWOT matrix were compiled as the basis for the Cartesian

diagram illustration using the total IFE value as the X axis, namely 1.09, and the total EFE value as the Y axis, namely 1.02, to show the company's position in the coordinate quadrant of the Cartesian diagram. The results of the IFE and EFE analysis above show that the position of the Blitar Hospital Pharmacy Installation is in quadrant II, where, despite facing

various threats, this organization still has internal strengths. The strategy that the Blitar Hospital Pharmacy Installation must apply is to use strengths to take advantage of long-term opportunities using diversification strategies internally and in its services. Some of these strategies are improving SIMs that support pharmaceutical services more optimally, the need for additional staff at the pharmacy counter to make services more effective, separating the focus of services between outpatient and inpatient pharmacies, and adding drug delivery counters; there needs to be an agenda for the formation of IFRS vision and mission so that IFRS goals can be achieved, conveying complete drug information to patients to avoid things that can harm patients.

CONCLUSIONS

The performance of the Blitar Hospital Pharmacy Installation from a financial perspective is high so it can be maintained and improved. The performance of the Internal Business Process perspective can be addressed and improved. The performance of the Growth and Learning perspective is high and can be optimized. The performance of the customer perspective is good and can be maintained. The SWOT strategy that the Blitar Hospital Pharmacy Installation must apply is to use strengths to take advantage of long-term opportunities using diversification strategies, both internal and service. Some of these strategies are improving SIM that support pharmaceutical services more optimally, the need for additional staff at the pharmacy counter to make services more effective, separating the focus of services between outpatient and inpatient pharmacies, and adding drug delivery counters; there needs to be an agenda for the formation of IFRS vision and mission so that IFRS goals can be achieved, conveying complete drug information to patients to avoid things that can harm patients.

REFERENCES

1. Permenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 72 Tahun 2016 tentang Standar Pelayanan Kefarmasian di Rumah Sakit. Jakarta: Kementerian Kesehatan Republik Indonesia; 2016;
2. Saharuddin TS, Satibi S, Andayani TM. Analisis Perspektif Pembelajaran Dan Pertumbuhan Dalam Mengukur Kinerja Instalasi Farmasi Rsud A.M. Parikesit Tenggara Kutai Kartanegara Kalimantan Timur Dengan Pendekatan Balanced Scorecard. *J Ilm Manuntung*. 2019;5(1):97–105.
3. Soetjipto HN. Perspektif Pembelajaran Dan Pertumbuhan Dalam Implementasi Balance Scorecard Sebagai Instrumen Penilaian Kinerja. Penerbit K-Media. 2018. 39 p.
4. Burhany DI, Novianty I, Suwondo S, Akuntansi J, Bandung N. Pengukuran Kinerja Lingkungan dengan Sustainability Balanced Scorecard: Seimbang, Komprehensif, dan Strategis. *J Ris Akunt dan Keuang*. 2021;9(1):149–64.
5. Kaplan, Norton P. Balance Scorecard : Menerapkan Strategi Menjadi Aksi. In Jakarta: Erlangga; 2020.
6. George E B, A, Michael B. Advertising and Promotion : An Integrated Marketing Communications Perspective. Singapore: McGraw-Hill Companies; 2021.
7. Pudjaningsih D. Pengembangan Indikator Efisiensi Pengelolaan Obat di Farmasi Rumah Sakit. *J Penelit Log*. 2006;(3):16–25.
8. Satibi. Manajemen Obat di Rumah Sakit. Yogyakarta: UGM Press; 2017.
9. Seto S. Manajemen Farmasi Dasar-Dasar Akutansi untuk Apotek, PBF dan Industri Farmasi. Surabaya: Airlangga University Press; 2017.
10. Ahmad S. Penyusunan Skala Psikologi. Pertama. Jakarta: Kencana Prenada Media Group; 2020.
11. Kemenkes RI. Klasifikasi dan Perizinan Rumah Sakit. Peraturan Menteri Kesehatan Republik Indonesia. 2019;30.
12. Rangkuti Freddy. Analisis SWOT. Jakarta: PT Gramedia Pustaka Utama;

- 2015.
13. Astuti AMI, Ratnawati S. Analisis SWOT Dalam Menentukan Strategi Pemasaran (Studi Kasus di Kantor Pos Kota Magelang 56100). *J Ilmu Manaj.* 2020;17(2):58–70.
 14. Simei J, Widya S, Lolo A, Rundengan GE. Analisis Kinerja Instalasi Farmasi RSUD Noongan Kabupaten Minahasa dengan Pendekatan Balanced Scorecard (BSC). *Pharmacon.* 2021;10(73):1178–83.
 15. Kasmir. Pengantar Manajemen Keuangan. Kencana Prenada Media Group; 2017.
 16. World Health Organization. How to Investigate Drug Use in Health Facilities. Geneva: WHO; 1993.
 17. Deselle, S.P Z. Pharmacy Management Essentials for all practice settings. 2nd ed. McGraw-Hill Companies; 2009.
 18. Iveta. Human Resources Key Performance Indicators. *J Compet.* 2012;4(1):117–28.
 19. Zulfa N. Evaluasi implementasi sistem informasi farmasi di instalasi farmasi rumah sakit universitas gadjah mada. *J Inf Syst Public Heal.* 2021;4(3):8.
 20. Aldy Rahman Miandi A, Ratna Hidayati I, Lia Yunita S, Juni Astuti E. Pengukuran Kinerja lfrs Karsa Batu Pada Perspektif Pelanggan Dari Pendekatan Balanced Scorecard. *J Pharmacopolium.* 2022;5(1):33–44.