|  |  |
| --- | --- |
| **Disiplin ilmu / sub disiplin ilmu dari naskah yang dikirim**  **--**  ***Academic Discipline / Sub-Disciplines*** | Manajemen Informasi Kesehatan (MIK) adalah profesi:   1. Memfokuskan kegiatannya pada data pelayanan kesehatan dan pengelolaan sumber informasi pelayanan kesehatan dengan menjabarkan sifat alami data, struktur dan menerjemahkannya keberbagai bentuk informasi demi kemajuan Kesehatan dan pelayanan kesehatan perorangan, pasien dan masyarakat;1 2. Rukun kesehatan yang bertanggungjawab untuk menjamin adanya keakuratan dan proteksi informasi klinis yang dibutuhkan dalam menjalankan pelayanan Kesehatan dan untuk ketepatan pengambilan keputusan pelayanan Kesehatan.2   **--**  Health Information Management (MIK) is a profession:   1. Focusing its activities on health service data and managing health service information sources by describing the nature of the data, its structure and translating it into various forms of information for the advancement of health, patients and society; 1 2. Pillars of health which are responsible for ensuring the accuracy and protection of clinical information required in running health services and for the accuracy of health service decision making.2 |
| **Tipe / metode penelitian / pendekatan penelitian / paradigma yang digunakan**  **--**  ***Type / Method / approach / paradigm*** | 1. *Systematic review* 2. *Mixed methods* (metode pencarian dan evaluasi literature dengan pendekatan kualitatif dan kuantitatif) serta menggunakan metode *PICO* (*Population/Problem, Intervention, Comparison, Outcomes*) untuk membatasi ruang lingkup peneliitan 3. Seleksi literatur menggunakan metode *PRISMA* (*Preferred Reporting Items for Systematic Reviews and Meta-analyses*). 4. Menggunakan instrument penilaian STROBE dan SRQR   **--**   1. Systematic review 2. Mixed methods (methods of searching and evaluating literature with qualitative and quantitative approaches) and using the PICO method (Population / Problem, Intervention, Comparison, Outcomes) to limit the scope of research 3. Literature selection using the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyzes) method. 4. Using STROBE and SRQR assessment instruments |
| **Nama Instansi Penulis (dalam bahasa Inggris)**  **\* Bila lebih dari satu instansi gunakan numbering sesuai dengan urutan penulisnya**  **--**  ***Author’s Institution (in English)***  ***\* If there were more than one institution, please use numbering in accordance with the order of authors*** | Faculty of Health Sciences, Department of Health Information Management, Esa Unggul University. |

1Perhimpunan Profesional Perekam Medis dan Informasi Kesehatan Indonesia (PORMIKI), 2004

2AHIMA, 2006. Pocket Glossary of HIM and Technology. Chicago

**APPENDIX**

* + - 1. PRISMA **Chart** (*Preferred Reporting Items for Systematic Reviews and Meta-analyses*).

**PRISMA**

The data identified in the database search:

1. Google Schoolar (n = 513)

2. Science Direct (n = 7)

3. Garuda (n = 20)

**Identification**

Data duplication (n = 0)

Scientific journal (n = 540)

**Screening**

Scientific journals are reviewed based on titles and abstracts

(n = 540)

The data was excluded because it did not match the research objectives

(n = 484)

**Eligibility**

Scientific journals were excluded because they did not meet the inclusion criteria:

Scientific journals do not discuss the application of the balanced scored card as a measure of hospital performance

(n = 36)

Scientific journals according to research objectives

(n = 56)

**Included**

Final scientific journals that fit the inclusion criteria:

(n = 20)

Picture 1

PRISMA *Flow Diagram*

* + - 1. Limiting the scope of research, researchers use the PICO method (Population / Problem, Intervention, Comparison, Outcomes)

**Table 2 Summary of PICO**

|  |  |
| --- | --- |
| **P** *(P*atient/Population/Problem) | *Hospital* |
| **I** (*Intervention*) | Application of the Balanced Scorecard |
| **C** (*Comparison*) | - |
| **O** *(outcomes)* | Hospital performance based on financial, consumer, internal business, and learning and growth perspectives. |

1. Data Extraction

| **No.** | **Author, Year** | **Title** | **Research design** | **Application of the Balanced Scoredcard as a benchmark for hospital performance** | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Perspective** | **Customer Perspective** | **Internal Business Process Perspective** | **Learning and Growth Perspective** | **Hospital performance** |
|  | Rizky Solikhah, 2018 | Implementasi *Balanced Scorecard* Sebagai Pengukuran Kinerja Rumah Sakit Islam Yogyakarta PDHI | *Cross-Sectional* | 1. Net Profit Margin (NPM)   The value of NPM has increased 2% from the previous year, so the NPM value is considered GOOD.   1. Return On Investment (ROI)   The ROI ratio has increased by 1.2%, so the ROI ratio is considered GOOD.   1. Efficiency Ratio (RE)   The RE value has increased by 1%, meaning that the RE value is GOOD.   1. Effectiveness Level   The effectiveness rate has decreased by 6%. This means that the lower the effectiveness value is not good. | Customer Satisfaction (the level of customer satisfaction), the results of the questionnaire distributed to 316 respondents showed that 43% were very satisfied with Good scores, 53% were satisfied categories, 3% were dissatisfied categories and 0% were very dissatisfied categories. From these data it can be concluded that the customer's prepective is considered GOOD | 1. BOR (Bed Occupancy Rate)   2016 is 64% and 2017 is 68%, meaning that the BOR value is Ideal.   1. AvLOS (Average Length of Stay)   2016 is 4 days and 2017 is 3 days. The meaning is quite ideal   1. TOI (Turn Over Internal)   2016 is 2 days and 2017 is 2 days. Then the TOI score has IDEAL criteria.   1. NDR (Net Death Rate)   In 2016 it was 21% and in 2017 it was 20%, so the NDR was considered IDEAL.   1. GDR (Gross Death Rate)   In 2016, namely 40% and 39% in 2017. Then the GDR value has IDEAL criteria. | 1. Employee Retention   In 2016 it was 4.2% and in 2017 it was 4.8% so that employee retention was deemed not good, because of an increase in the percentage.   1. Employee Training Level   In 2016 it was 39% and in 2017 it was 45%, which means that the level of employee training has increased and is considered GOOD.   1. Employee Productivity Level   2016 year amounted to 61.2% while in 207 it was 65%, the level of employee productivity has increased, considered GOOD.   1. Employee satisfaction   From the results of distributing questionnaires to 336 customer respondents, the category value is very satisfied 32%, 55% satisfied and 13% dissatisfied answers. Meanwhile, the very dissatisfied category is 0%. It can be concluded that employee satisfaction with the employee's perspective is GOOD. | Very Good |
|  | Sri Lestari, 2017 | Pengukuran Kinerja Dengan Pendekatan *Balanced Scorecard* Pada Rumah Sakit PKU Muhammadyah Gombong Tahun 2013 dan 2014 | *Cross-Sectional* | 1. NPM (Net Profit Margin), from 2013 to 2014 an increase of 1.05% can be said to be good. 2. ROI (Return On Investment), from 2013 to 2014, an increase of 1.96% can be said to be good. 3. Effectiveness ratio, from 2013 to 2014 has decreased by 5.37% which can be said to be insufficient.   The efficiency ratio produced by the hospital has decreased by 0.65% which can be said to be good. | 1. Customer Retention, the customer retention rate from 2013 to 2014 has increased by 0.12% which can be said to be good. 2. Customer Acquisition, the level of Customer Acquisition from 2013 to 2014 has decreased by 0.13% which can be said to be unfavorable. 3. Customer satisfaction achieved by the PKU Muhammadiyah Gombong Hospital reaches a score of 4769 this score is in the "Satisfied" interval of 4763-5883 so that the performance can be said to be good. | 1. BOR Bed (Occupancy Rate) in 2013 is 75.59% and in 2014 is 75.64% said to be ideal. 2. ALOS   The value of ALOS 2013 is 3 days, in 2014 it is 2.99 days. This means that the ALOS value is said to be less good.   1. TOI (Turn Over Internal), in 2013 and 2014, namely 0.99 days. This means that the TOI score is said to be not good. 2. GDR (Gross Death Rate), in 2013, namely 46.91% and 2014, namely 52.54%, meaning that the GDR indicator is far above the Ministry of Health standard, namely <45% and is said to be less good 3. NDR (Net Death Rate), in 2013 was 20.47% and in 2014 was 22.48%, the value of the NDR ratio was considered good. 4. Respond Times, 2013 is 25 minutes, 2014 is 20 minutes. Respond times can be said to be "lacking", because the standard set by the hospital is 15 minutes so that it has not been able to reach the target. | 1. Employee Retention,   In 2013, namely 4.23% and in 2014, namely 4.89%, employee retention has increased by 0.66%, so it is said to be unfavorable.   1. Employee Training Level   In 2013, namely 57.93% and in 2014, namely 54.58%. Employee training has decreased by 3.35%, so it is said to be less good.   1. Employee Productivity   The results of the calculation of employee productivity have increased by Rp. 353,199 which means it is good.   1. The level of employee satisfaction reaches a score of 3433, is in the "satisfied" interval, namely 3429-4235, so it can be said to be "good". | Enough |
|  | Sri Amelia Rizki, Elfina Yenti, Rena Maulana, 2019 | *Balanced Scorecard* sebagai Pengukur Kinerja pada RSUD Prof. Dr. MA. Hanafiah MS Batusangkar | *Cross-Sectional* | In the 2013-2017 period, it was measured using Value For Money which used 3 ratios, namely: economic ratios, efficiency ratios, and effectiveness ratios. Judging from RSUD Prof, Dr, M.A Hanafiah MS Batusangkar, the measurement of economic ratios is categorized as economical because the percentage is more than 90.01% -100% efficiency measurement RSUD Prof, Dr, M.A Hanafiah MS Batusangkar is categorized as inefficient because the percentage exceeds> 100%. Meanwhile, the effectiveness ratio of RSUD Prof., Dr, M.A Hanafiah MS Batusangkar is categorized as effective as the percentage exceeds >100%. | 1. Market Share   Customers feel that the service is very good, it can be seen because every year it has increased.   1. Patient / Customer Acquisition   The level of ability to attract new patients was quite good because it fluctuated during the study period.   1. Patient Retention   From 2013-2017, it increased and was able to retain old or subscribed patients quite well due to fluctuations during the study period.   1. Customer Satisfaction   The level of customer satisfaction measured in the current year is said to be good because it is able to reach a score of 4948. | The performance of the internal business process perspective is said to be good, because the Hospital Prof., Dr, M.A Hanafiah MS Batusangkar increases the number of equipment needed to support the smooth running of health services. | 1. Increased employee commitment and employee capabilities. 2. Employee satisfaction indicators have a good performance. 3. The employee retention indicator is not good for the 2017 research year. This is known from the large number of employees who leave, which exceeds the set standard. | Very Good |
|  | Rita Wiyati, Thamrin, Liviawati, 2016 | Penerapan Pengukuran Kinerja dengan *Balanced Scorecard* (Studi Kasus pada Rumah Sakit Islam Ibnu Sina Pekanbaru) | *Cross-Sectional* | 1. Liquidity Ratio   2011 was 1.85 times, while 2012 was 1.6 times, meaning that the company was able to properly cover its short-term liabilities using current assets.   1. Profitability Ratio   In 2011, it was 27.03%, while in 2012 it was 41.88%, the ROA value showed that the ability of assets to generate net income was maximal.   1. Activity Ratio   In 2011 the value of the total assets turnover ratio was 0.81 times and increased in 2012 to 0.94 times. This shows that the company must increase sales because from this ratio the company does not generate enough sales.   1. Solvency Ratio   In 2011 amounted to 91.65% and decreased in 2012 amounted to 44.90%. This shows that the capital capacity to cover hospital debt in 2012 is better than in 2011. | From the questionnaires distributed to respondents regarding the cost, most respondents stated that it was quite satisfactory. The completeness and sophistication of medical equipment in supporting services to patients most of the respondents stated that it was quite satisfying. Meanwhile, with regard to the accuracy and knowledge of the employees of Rumah Islam Ibn Sina, most of them stated that it was not satisfactory. The accuracy and knowledge possessed by both medical and non-medical Ibn Sina Hospital are quite satisfying. Regarding responsiveness to medical and non-medical professionals in dealing with problems with patients and the speed of service for administrative staff, most of the respondents stated that it was not satisfactory. Regarding friendliness, comfort, and security when visiting the Ibnu Sina Hospital, Pekanbaru, most of the respondents stated that it was quite satisfying | 1. Innovation Process   RS Islam Ibnu Sina Pekanbaru needs to purchase sophisticated equipment such as USG 4D, build a building or room that is more comfortable for a specialist service unit, arranges the parking area properly to make it more comfortable to park.   1. Operation Process   In carrying out its operations, the Ibnu Sina Islamic Hospital in Pekanbaru serves two types of services, namely inpatients and outpatients. Every outpatient and inpatient will get health services from an Islamic hospital. Ibnu Sina Pekanbaru and the doctors are obliged to make a patient's medical record. | From the results of the questionnaire distributed, most of the respondents stated that so far they had provided adequate compensation, related to appreciation for employee work results, most employees also stated that they were satisfactory, as well as promotion, while the training program provided to employees, most of the respondents said it was not satisfying. Ibnu Sina Islamic Hospital Pekanbaru, whose activities provide medical services to the community, has provided several facilities to its employees. However, the Islamic Ibnu Sina hospital has not provided maximum facilities for employees, this can be seen from the many complaints about the lack of maximum training and training provided to employees in terms of improving employee abilities. | Good |
|  | Siti Fatimah, Fauziah Nuraini Kurdi, M. Husni Thamrin, 2016 | Strategi Peningkatan Kinerja dengan Metode *Balanced Scorecard* di Rumah Sakit Umum Daerah Kabupaten Ogan Ilir | *Cross-Sectional* | Based on the criteria for evaluating the efficiency of financial performance, 33.32% are in the very efficient criteria (<60%). The smaller the efficiency ratio, the better the performance of Ogan Ilir Hospital. Based on the criteria for evaluating the effectiveness of financial performance, 50.16% is in the ineffective criteria (<60%). | 1. Customer retention. From 2014 to 2015, there was an increase of 15.9% from 18.6% in 2014 to 34.5% in 2015, meaning that the performance of Ogan Ilir Hospital in maintaining good old customers. 2. Value of patient acquisition   In 2014 it was 81.44%, while in 2015 the value of the acquisition fell to 65.50%. In general, the customer acquisition of Ogan Ilir Hospital for new patients was not good. | 1. ALOS   In 2014 for 3 days and 2015 for 3 days, it means that the ALOS value of Ogan Ilir Hospital has not been categorized as ideal.   1. BOR   In 2014 it was 8.18% and in 2015 it was 14.33%, meaning that the BOR value of Ogan Ilir Hospital was not yet in the ideal category.  3. TOI  2014 is 39 days and 2015 is 16 days. It can be concluded that the TOI score of Ogan Ilir Hospital has not been categorized as ideal.  4. BTO  In 2014 it was 3 times and in 2015 it was 10 times. It can be concluded that the BTO value of Ogan Ilir Hospital has not been categorized as ideal. | 1. Employee Retention   In 2013 the retention rate was 2.7%, in 2014 it increased to 7.3%, then in 2015 it increased to 15.38%.   1. Employee Productivity   In the first period, the employee productivity of Ogan Ilir Hospital was 4.71%. In the second period it increased by 0.05 to 4.76%. And in the third period it increased again to 8.28%. | Good |
|  | Putu Yulianti, I Nyoman Sutarsa, I Putu Ganda Wijaya, 2016 | Analisis Kinerja RSUD Karangasem Berbasis *Balanced Scorecard* | *Cross-Sectional* | Based on the economic ratio indicator from a financial perspective it is rated "Not Good" with a score of 0. While the efficiency and effectiveness ratio is at a score of 8.325 in the "Good" category. This means that the economic ratio of Karangasem Regional Hospital based on trend data for the last three years shows fluctuating results but is in the quite good category with a total score of 12.5. | Based on the customer acquisition indicator, it is rated "Good" with a score of 12.5, while the patient satisfaction indicator is rated "Not Good" with a score of 0. | Based on secondary data extraction, indicators that need attention include the BTO indicator and the response time for recipe completion. The BTO indicator is above the ideal value. Respond time for prescription completion has not reached the target set due to limited personnel and types of drugs that require compounding. Meanwhile, the indicators of bed occupancy rate (BOR), length of stay (LOS), gross death rate (GDR) and net death rate (NDR) are in the "Good" category with a total score of 3.125. | Employee satisfaction is at a bad level, namely 46% where the target set is> 80%. The results of the Cartesian diagram analysis show that fast response, management support, attention and tidiness of the workplace are indicators of satisfaction that get bad appreciation from employees.. | Enough |
|  | Annisa Ayu Pradibta, Rizal Yaya, 2018 | Analisis Kinerja Rumah Sakit Umum Daerah Sleman Berdasarkan *Balanced Scorecard* Setelah Penerapan Asuransi Badan Penyelenggara Jaminan Sosial Kesehatan | *Cross-Sectional* | 1. Liquidity Ratio   In 2013, the average liquidity ratio was 5.9. Meanwhile, in 2014-2016 it was smaller at 5.0. So that there was a decrease of 0.9. This means that it is considered not good.   1. Profitability Ratio   1) Return On Assets (ROA)  The average ROA value in 2013 was -0.39, in 2014-2016 the average ROA value was -0.24. Both ROA values ​​are negative, from the measurement results are considered less good.  2) Return On Equity (ROE)  In 2013 the average value of ROE was -0.4, in 2014-2016 the average value of ROE was -0.27. Both results are negative. From the measurement results it is considered not good.  3) Solvency Ratio  In 2013 the value was 0.97 in 2014-2016 the average value of the solvency ratio was 0.91. So that there was a decrease of 0.06. From the measurement results it is considered not good.   1. The Aktivita Ratio   1) Accounts Receivable Turnover  2013 amounted to 6.54 and 2014-2016 amounted to 27.72. From the measurement results are considered good.  2) Total Asset Turnover  In 2013, it was 0.5, while in 2014-2016, the average value of 0.33 was considered to be less than good. | 1. Quality of Services at Sleman Regional Hospital after the Implementation of BPJS Health Insurance   The results of descriptive analysis were obtained based on the guarantee aspect of 78%, the responsiveness aspect of 69%, the empathy aspect of 74%, the reliability aspect of 72% and the direct evidence aspect of 82%. From the measurement results are considered good.   1. Customer Retention   In 2013 it was 77%, in 2014-2017 it was 84%. From the measurement results are considered good.   1. Customer Acquisition   In 2013 amounted to 22,711% in 2014-2017 amounted to 16%. From the measurement results it is considered not good | 1. Innovation Process   2013-2017 is always updated   1. Operation Process   1) Outpatient Visit Rate  In 2013 it was 24%, in 2014-2017 it was 4%, this shows that customer acquisition at Sleman Hospital is considered to be less than good.  2) Inpatient Visit Rate  The average inpatient visit rate indicator is in the ideal standard except for BTO which is above the ideal standard. So that the rate of inpatient visits is considered "good" except for BTO. | 1. Performance Quality of Sleman Regional Hospital after the implementation of BPJS Health Insurance is 73%, employee motivation aspect is 78%, performance recognition aspect is 70%, obtaining information aspect is 69% and workplace condition aspect is 70%. This shows that the hospital is able to provide quality performance. 2. Employee Retention   In 2013 it was 2%, while in 2014-2017 the average employee retention value was 1%. So that the results of employee retention at Sleman Hospital are considered good.   1. Employee Productivity Level   In 2013, the average value of employee productivity was Rp. 118,519 while in 2014-2016 the average value of employee productivity was Rp. 140,314. So it is considered good.   1. Employee Training Level   In 2013 it was 94.1%, while in 2014-2017 it was 126%. So it is considered good. | Enough |
|  | Ni Nyoman Tri Wahyuni, 2018 | Kinerja RSUD Wangaya Kota Denpasar Berbasis *Balanced* *Scorecard* | *Cross-Sectional* | The average cash ratio was 125%, the average current ratio was 315%, the average receivable collection period ratio was 27.05 days, the average fixed asset turnover ratio was 1.49%, the average ROA was 18 %, the average ROE is 19% and the average PNBP revenue to operating cost ratio is 72%. So that it can be analyzed the average performance appraisal of the overall financial perspective of the Wangaya Hospital in Denpasar City from 2014 to 2016 to get a fairly successful performance. | The result of the average score of the level of patient satisfaction / service users of the hospital as a whole is 3.08 with a target of 4.00 with a percentage of 77.00%. Based on the SME measurement scale, the results of these calculations can be analyzed that the performance of the service unit level of patient satisfaction / service users of Wangaya Hospital gets a B (good). | The calculation result of the average BOR shows a value of 83.39%, the average ALOS shows a value of 4.28 days, the average BTO shows a value of 68.94 days, the average calculation result of TOI shows a value of 0.90 days, The average NDR shows a value of 25.36, the average GDR shows a value of 41.14%. As a whole, the internal business process performance assessment of Wangaya Hospital obtained a calculation result of 14.00 from the target of 18.00, the result of the assessment was 77.78% which can be classified as a qualification assessment between 70 ≤ X <85, so that the average performance appraisal of the overall business process perspective Internal RSUD Wangaya Denpasar City from 2014 to 2016 obtained qualifications in the good / successful category. | Wangaya Hospital employee retention from year to year has changed, where the average change in the number of employees who left from 2014 to 2016 was 21 people, from an average number of employees of 899 people, with an average employee retention percentage rate of 2%. The results of the calculation of the average employee retention of 2%, while the standard used in this study is 3%, this shows that Wangaya Hospital has been able to maintain its employees well because the hospital employee retention rate is less than the existing standard, employees who leave / quit from Wangaya Hospital because the employee has entered retirement age, transferred to another agency / outside the region, died due to illness, resigned (still a contract to continue his education, moved to another workplace). | Very Good |
|  | Rina Anggi Lestari, Achmad Slamet, 2018 | *Measurement of Performance Management Using Balanced Scorecard Method in RSUD Dr. Soeselo Kabupaten Tegal* | *Cross-Sectional* | 1. *The Economic Ratio (ER)*   *The ER percentage of1.88% in 2015-2016, this indicates an increase in hospital performance in financial management. In 2016-2017 the economic ratio experienced an increase of 8.92%. However, the economic ra-tio value from 2015 to 2017 is still in the range of < 100% meaning that the performance of the hospital is said to be economical.*   1. *Efficiency Ratio*   *In 2015-2016 there was an increase in the efficiency ratio of 3.09%. this indicates that the hospital’s perfor-mance has decreased. However, in 2016-2017 the efficiency ratio decreased by 44.16% which indicated that there was an increase in hospital performance.*   1. *The Effectiveness Ratio*   *A decrease in the effective-ness ratio of 15.8% in 2015-2016. This indicates that hospital performance has decreased. In 2016-2017 the ratio of effectiveness increased by 7.08% meaning that there was an increase in hospital performance.* | 1. *Customer Retention*   *In 2015-2016 customer retention increased by 0.72%. In 2016-2017 customer retention increased by 2.68%.*   1. *Customer Acquisition*   *The level of customer acquisition decreased by 0.56% in 2015-2016 and by 3.2% in 2016-2017.*   1. *Patient Satisfaction*   *Based on the total score, the results achieved are in the range of 6,461 – (7,582)–7,980 with satisfied in-terpretation. This illustrates the RSUD Dr. Soeselo Kabupaten Tegal patients were satisfied with the performance and services provided by RSUD Dr. Soeselo Kabupaten Tegal*   1. *Customer Profitability*   *An increase in customer pro-fitability from 2015 to 2017. In 2015-2016, cus-tomer profitability increased by 6.26%. Where as in 2016-2017, customer profitability increased by 24.81%.* | 1. *BOR*   *The average value of BOR RSUD Dr. Soeselo Kabupaten Tegal in 2015 to 2017 of 80.99% is an ideal number.*   1. *Average Length of Stay (ALOS)*   *The average value of the ALOS of RSUD Dr. Soeselo Kabu-paten Tegal in 2015 to 2017 for 4.22 days is an ideal number.*   1. *Bed Turn Over (BTO)*   *The average value of the BTO of RSUD Dr. Soeselo Kabupa-ten Tegal in 2015 to 2017 at 72.71 times is the ideal number.*   1. *Turn Over Interval (TOI)*   *The average value of TOI RSUD Dr. Soeselo Kabupaten Te-gal in 2015 to 2017 for 0,96 days is an ideal number*   1. *Gross Death Rate (GDR)*   *The average GDR value of RSUD Dr. Soeselo Kabupaten Te-gal in 2015 to 2017 amounting to 3.74% is an ideal number*   1. *Nett Death Rate (NDR)*   *The avera-ge NDR value of RSUD Dr. Soeselo Kabupaten Tegal in 2015 to 2017 at 2.81% is an ideal number.* | 1. *Employee Satisfaction Index*   *Calculating the total score from the results of the questionnaire is 1434. Based on the above categories, the results achieved were in the range of 1429 – (1434) – 1764 with a satisfied interpre-tation.*   1. *Employee Retention*   *Has increased by 0.47% in 2015-2016. In 2016-2017 employee retention increased by 0.2%. This shows that the performance of RSUD Dr. Soeselo Kabupaten Tegal was seen from the decline in employee retention and categorized as not good.*   1. *Employee productivity*   *In 2015-2016, employee productivity decreased by 30.435.042. Whereas in 2016-2017, employee productivity decreased by 47.570.891. This shows that the performance of RSUD Dr. Soese-lo Kabupaten Tegal seen from the productivity of employees is considered not good.*   1. *Employee training*   *In 2014 is 16,82%, in 2016 is 93,43% and in 2017 52,35%. It shows that the number of RSUD Dr. Soeselo Kabupaten Tegal employees who attended the training experienced fluc-tuations every year.* | Very Good |
|  | Mega Putri Utami, Hastuti, 2018 | Evaluasi Penerapan *Balanced* *Scorecard* Sebagai Tolok Ukur Pengukuran Kinerja Pada Rumah Sakit Berstatus Badan Layanan Umum (Studi Kasus Pada Rumah Sakit Mata Cicendo Bandung) | *Cross-Sectional* | 1. Liquidity    1. Cash Ratio   2015 was 2,020%, 2016 was 1,316% and 2017 was 263%. The cash ratio from 2015 to 2017 has decreased, meaning "not good".  b. Current Ratio  In 2015 amounted to 2,596%, in 2016 amounted to 2,573% and in 2017 amounted to 2,213%. The current ratio from 2015 to 2017 has decreased and is said to be “not good”.   1. Solvency   a. DAR (Debt to Asset Ratio)  In 2015 it was 1.5%, 2016 was 1.5% and 2017 was 0.8%. The DAR level from 2015 to 2016 was stable, did not experience an increase, while in 2017 it experienced a decline of 0.7 and can be said to be "quite good".  b. DER (Debt to Equity Ratio)  In 2015, namely 2015 at 1.5%, 2016 at 1.5% and in 2017 at 0.8%. The DER level from 2015 to 2016 was stable, did not experience an increase, while in 2017 it experienced a decline of 0.7 and can be said to be "quite good".   1. Activities   a. Accounts Receivable Collection Period  2015 is 41 days, 2016 is 52 days and 2017 is 45 days. The collection rate for the period from 2015 to 2017 has fluctuated and can be said to be "quite good".  b. Fixed Asset Turnover  2015 is 71%, 2016 is 70% and 2017 is 35%. The rate of turnover of fixed assets from 2015 to 2017 has decreased and is said to be "not good".   1. Rentability   a. ROA (Return on Assets)  2015 was 13%, 2016 was 2% and 2017 was 3.7%. ROA from 2015 to 2017 always fluctuates. Can be said to be "good enough".  b. ROE (Return on Equity)  2015 was 13%, 2016 was 2% and 2017 was 3.7%. ROE from 2015 to 2017 always fluctuates. Can be said to be "good enough".   1. Cost Recovery Ratio (CRR)   2015 was 123%, 2016 was 103% and 2017 was 111%. CRR from 2015 to 2017 has always fluctuated. Can be said to be "good enough". | 1. Customer Retention   2015 is 75.49%, 2016 is 70% and 2017 is 75.71%. This means that it fluctuates from year to year, so it is said to be "good enough".   1. Customer Acquisition   2015 is 24%, 2016 is 30% and 2017 is 24%. The level of customer acquisition has fluctuated from 2015 to 2016 so that the performance is said to be "quite good"   1. Customer Satisfaction   The total score for customer / respondent satisfaction reaches a score of 6,980 and is said to be “good”, because the score of 6,980 is in the range of 6,699 –9,135. | 1. *Bed Occupancy Rate (BOR)*   *2015 was 52.76%, 2016 was 51% and 2017 was 64%. Judging from the BOR indicator, it is said to be "quite good" because from year to year it has fluctuated.*   1. *Emergency Response Time Rate*   *2015 is 4.25 minutes, 2016 is 4.25 minutes and 2017 is 4.34 minutes. It is said to be "good enough" because from year to year it has experienced stability and improvement.*   1. *Average Length Of Stay (ALOS)*   *2015 is 1.77 days, 2016 is 1.83 days and 2017 is 1.8 days. It is said to be "good enough" because from year to year it has fluctuated.*   1. *Completeness of Medical Records 24 Hours Completion of Services*   *In 2015 amounted to 62.99%, in 2016 amounted to 77.64% and in 2017 amounted to 81.23%.*   1. *It is said to be "good" because from year to year it has increased.*   *Return of Medical Records*  *2015 was 82.15%, 2016 was 86.32% and 2017 was 88.93%. It is said to be "good" because from year to year it has increased.*   1. *Blindness rate ≥ 48 hours, can be said to be "good" because from year to year it is stable, namely 0%.* 2. *Post Operative Death Rate, can be said to be "good" because from year to year it is stable at 0%.* | 1. Employee Retention   In 2015 it was 0.43%, 2016 was 3.09% and 2017 was 7.40%. This means that employee retention is said to be "not good", because from year to year it has increased.   1. Employee Capabilities   2015 is 91.50%, 2016 is 94% and 2017 is 100%. This means that the performance is said to be "good", because the value of employee capabilities has increased from year to year. | Very Good |
|  | Laisa Muliati, 2017 | Analisia Kinerja Rumah Sakit Umum Daerah Dr.H.Abdul Moeloek Provinsi Lampung Tahun 2011-2013 Berdasarkan *Balanced Scorecard* | *Cross-Sectional* | 1. *Return on assets ROA) in 2011 amounted to 2.7 in 2012 amounting to 9.7 and in 2012 amounting to 8.4. This means that in 2011 it earned a profit of 2.7% of total assets. The year 2012 earned a profit of 9.7% of all total assets and so on.* 2. *Current Ratio in 2011 amounted to 4.66 in 2011. In its development capacity increased in 2012 and decreased in 2013. This means that the liquidity level of RSUDAM is still in the safe category.* 3. *Debt to equity ratio in 2011 was 0.03, 2012 was 0.017 and 2013 was 0.080. The debt value (debt) of RSUDAM in 2013 increased compared to 2012.* 4. *Cost Recovery Rate (CRR)*   *2011 amounted to 1.21. The cost recovery value of RSUDAM in 2011-2013 tends to decrease. This means that the RSUDAM's ability to finance its expenses is decreasing.*   1. *Increased Income*   *Income in 2011 experienced a growth of 45.01% compared to 2011, decreased to 21.61% in 2012 and decreased again to 5.83% in 2013.* | 1. Customer Satisfaction   The survey conducted in the training section found 73.75% (2012) and 75.88% (2013) customers expressed satisfaction with RSUDAM services   1. Customer Retention   In 2011-2013 the number of return visits as a whole showed a downward trend in 2012 and increased again in 2013.   1. Customer Acquisition   In 2011-2012, the level of customer acquisition has decreased with an average annual decline of 45.05%. In 2013, the acquisition rate increased but the increase was still below that of 2011.   1. Market Share   2012 compared to 2011 decreased slightly. In 2013 compared to 2012 it has increased again. | 1. Innovation   During the period 2011-2013, RSUDAM has carried out an innovation process.   1. Service Process   1) Bed Occupancy Rate (BOR)  2011 amounted to 89.3% and so on. The average BOR score for 3 years was 90.3%. So it exceeds the standard.  2) Average Length of Stay (AvLOS)  In 2011 for 5 days, in 2012 for 5.68 days and in 2013 for 4.6 days. The average length of stay for 3 years was 5.09 days.  3) Internal Turn Over (TOI)  In 2011, 0.6 days increased to 0.74 days in 2012, and in 2013 decreased again to 0.25 days. The average TOI of RSUDAM for 3 years is 0.53 days and has decreased.  4) Bed Turn Over (BTO)  In 2011, the use of beds was 63.38 times, in 2012 it was 61 times and in 2013 it increased to 77.28 times, meaning that it exceeds the standard value of 40-50 times. The overall average was 67.22 times.  5) Gross Death Rate (GDR)  Year 2011-2013 is below the national standard (no more than 45 per 1000 cases of discharge). It shows that the quality of RSUDAM services is increasing, because the mortality rate for 3 years shows a decreasing trend.  6) Net Death Rate (NDR)  RSUDAM services are quality oriented and are showing progress from 2011-2013, because the mortality rate under 48 hours shows a decreasing trend. | RSUDAM minimum Service Standards do not specify employee satisfaction as a mandatory performance indicator. Employee satisfaction has not been assessed by survey. In LAKIP RSUDAM, measuring employee satisfaction in terms of income received RSUDAM has designed and implemented many programs aimed at increasing employee competence, motivation and discipline but these programs have not maximally resulted in real performance improvements. Most of the training and education programs are carried out only to pursue formality, promotion and employment status only | Enough |
|  | Widyasari Ni Luh Gde, AdiNyoman Rasmen, 2019 | *Balanced Scorecard Implementation In The Goverment Hospital* (UPTD Bali Mandara *Hospital*) | *Cross-Sectional* | 1. *Economic Ratio*   *Economic ratios per quarter for 2018 shows an increase in APBD spending in the first quarter by 1.77%, quarterly II by 5.52%, quarterly III by 12.04%, and quarterly IV by 39.94%. The total realization of APBD expenditure in 2018 was Rp.134,323,903,544.21 and the budget was Rp.214,826,407,900.00 with a percentage calculation of 62.53%.*   1. *Efficiency Ratio*   *The efficiency ratio shows the realization of the first quarter BLUD spending of 1.87%, the second quarter II of 21.31%, the third quarter III of 47.61% and the quarterly IV of 92.82%. The total realization of BLUD expenditure in 2018 was Rp.17,035,123,451.00 and the realization of revenue was Rp.32,730,642,237.54 with the calculation of the percentage of 52.05%.*   1. *Effectiveness Ratio*   *The effectiveness ratio in quarterly I was 20.62%, quarterly II was 38.14%, third quarter III was 43.75% and quarterly IV was 58.88%. The total effectiveness ratio in 2018 was Rp.32,730,642,237.54 and there venue target set was Rp.20,281,000,000.00 with the calculation of the percentage of 161.39%. Performance on a financial perspective is only the ratio of effectiveness that has exceeded the target.* | 1. *Customer satisfaction*   *Level of customer satisfaction UPTD Bali Mandara Hospital in the first quarter amounted to 81. 40%, quarterly II amounted to 82. 78%, quarterly III amounted to 85.49%, quarterly IV 87.65%. The total average value of respondents in 2018 was 202, 895 with the highest number of scores of 240,232. The total percentage of satisfaction levels was 84.46%.*   1. *Customer Retention*   *Customer retention shows that quarterly I was 19.52%, quarterly II was 17.07%, third quarter III was 21.31%, quarterly IV was 71.66%. The results of the percentage of customer retention in 2018 amounted to 47.60%. Total old customers in 2018 were 10,399 people with a total of 21,848 customers. The results of the percentage of customer retention in 2018 amounted to 47.60%.*   1. *Customer Acquisition*   *Hospital customer acquisition in the quarter I was 80.48%, quarter II was 82.93%, quarter III was 78.69%, quarter IV was 28.34%. The total number of patients who came in 2018 was 21,848 people, while the number of new patients who came was only 11,449 people. The percentage of hospital customer acquisition in 2018 is 52.40%. Performance on the customer's perspective does not reach the target.* | *In the internal process calculation the BOR score gets as core of -1, LOS gets a score of 1, TOI gets a score of -1, BTO gets a score of-1. The overall total scores 1. Performance from the perspective of internal business processes no one reaches the target.* | *Percentage of skilled employees with 40,12%, Employee productivity with 0,12% and Employee satisfaction with 74,72%. The achievement of learning and growth perspective performance at the level of employee productivity and skilled employees has not reached the target. Strategic objectives of learning and growth perspective can be achieved if the hospital does not recruit too many employees and is more selective in selecting employee competencies because the new hospital is established. Too many employees are available in 2018 resulting in only a few employees getting training.* | Not Good |