

## Quality Analysis of Outpatient Care at Kepulauan Seribu General Hospital based on Malcolm Baldrige Criteria

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### KEYWORDS

Outpatient. Malcolm  
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### ABSTRACT

The outpatient unit is a part of the hospital. The outpatient unit has an important role because it is the first door or medium for contact and interaction with service users or patients. Outpatient care is also an entry point for other inpatient services. Seribu Islands Regional General Hospital as the only hospital in the Thousand Islands region has not yet reached the required minimum outpatient service standard. This study aims to analyze the quality of outpatient care at Seribu Islands Hospital with the criteria of Malcolm Baldrige. The criteria for evaluating organizations are based on seven criteria, namely leadership, strategic planning, customer focus, measurement, analysis, and knowledge management, staff focus, process management, and performance results. This study uses a descriptive-analytic research design with quantitative and qualitative approaches. The data collected was obtained through questionnaires, in-depth interviews, and document review. The results of the study using the Malcolm Baldrige Criteria showed that Seribu Islands Hospital won a score of 379.83 out of a maximum of 1000. This means that for hospital performance assessment based on MBNQA, Kepulauan Seribu Hospital won the average title and was included in the Early Improvement category (point scale 376-475 ). Early improvement means that Seribu Islands Hospital is in a position of stage improvement in the health service sector. For this reason, it is recommended that Thousand Islands Hospital develop strong leadership and good teamwork in order to determine the right strategic plan.

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### Introduction

Hospitals according to Law of the Republic of Indonesia Number 44 of 2009 are health service institutions that provide plenary individual health services that provide inpatient, outpatient and emergency services. Outpatient Installation (IRJA) hospital is a place of medical services that serve patients who consult or seek outpatient treatment

The outpatient unit has an important role because it is the first door or medium for contact and interaction with service users or patients. Outpatient health services are one

of the services that are the main concern of hospitals because the number of patients is much larger than inpatients so that outpatients are a source of large market share that will offset income from inpatients who can increase hospital finances

RSUD Kepulauan Seribu is one of the hospitals owned by the DKI Jakarta Regional Government, and is the only hospital located in the Thousand Islands Administration Regency. In the 2022 annual report, the achievement of the Minimum Outpatient Service Standards according to DKI Governor Regulation number 20 of 2016 that has not reached the target includes: outpatient waiting time of 60 minutes (Target <60 minutes), voluntary counseling and testing (VCT) room is not yet available, Tuberculosis recording has not been carried out in hospitals, and outpatient customer satisfaction of 82% (target >90%). Meanwhile, based on the results of an internal community satisfaction survey conducted in the first quarter of 2023, the following information was obtained: waiting times for doctors are still long (35%), many medicines are empty (18%), many facilities are damaged (23%), room cleanliness is lacking (6%), doctors are not available 24 hours (9%), poor communication (2%) in patients and incomplete laboratory examinations (2%). From the data above, the decline in performance in the outpatient unit in the last two years. This relates to service quality management

Baldrige Assessment is Malcolm Baldrige's more commonly known assessment system, has the benefit of being able to identify every strength and opportunity for improvement, presents a framework for improving performance excellence, is an integrated management framework, focuses on requirements to achieve performance excellence, is adaptable and has proven to be a global management practice.

*Malcom Baldrige Criteria* include seven criteria, namely: leadership, strategic planning, focus on patient, other customer and market, measurement, analysis and knowledge management, staff focus, process management, and organizational performance results (Sadikin, 2010). This study aims to analyze the quality of health services in outpatient installations of RSUD Kepulauan Seribu in terms of *Malcolm Baldrige Criteria*.

## Research Methods

This type of research is observational analytic, which is research directed to explain a situation or situation This research uses a combined research method between quantitative and qualitative research methods. The design of this study is cross sectional.

The results of filling out the questionnaire sheet are in the form of a list of statements filled out based on experiences and facts that occur in the implementation of daily activities at the hospital. The scale used for measurement is the Likert scale, which is a closed question that measures attitudes from negative to positive levels. Where there are Strongly Agree, Agree, Doubt, Disagree, and Strongly Disagree options.

The results of quantitative and qualitative research are presented in the form of matrices and narratives. Information is obtained from interviews, field observations and administrative documentation. The first stage is by making transcripts using narrative sentences according to the results of the interview, the second reduces sentences to draw conclusions or research findings, the third emphasizes the findings or digests (Martha & Kresno, 2017). The results of questionnaires, interviews, document reviews and observations were used to assess the quality of the Thousand Islands Regional Hospital by making scores based on *Malcom Baldrige Criteria* scoring instructions.

## Results and Discussions

Univariate analysis was conducted by displaying frequency distribution data and in-depth interview results from informants to describe the performance of outpatient units at Thousand Islands Hospital reviewed from 7 Malcolm Baldrige criteria, including leadership, strategic planning, customer and market focus, measurement and knowledge management, staff focus, process management and performance results. In addition, preceded by an analysis of respondent characteristics consisting of age, gender, length of service, level of education and profession.

Table 1  
Frequency Distribution of Respondent Characteristics  
At the Thousand Islands Hospital in 2023

<b>Respondent's Age (year)</b>	<b>N</b>	<b>%</b>
17-25	8	16
26-35	28	56
36-45	11	22
46-55	3	6
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Respondent's Gender</b>		
Female	31	62
Male	19	38
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Respondent's Length of Service</b>		
1-5 Year	23	46
>5 Year	27	48
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Respondent's Education Level</b>		
D3	29	58
S1	17	34
S2	4	8
<b>Total</b>	<b>50</b>	<b>100</b>

Source: Primary Data of Thousand Islands Hospital, 2023

From the table above, it shows that most respondents are aged 26-35 (56%), gender is more than women (62%), working more than 5 years (48%) and the education level of the largest respondent is D3 (58%).

The univariate results of the frequency distribution of Malcolm Baldrige's category are shown in table 2. Most said that the leadership category is not good (70%), strategic planning (68%), customer focus is good (66%), measurement, analysis, knowledge management is good (52%), staff focus is not good (66%), process focus is not good (72%), performance results are not good (52%)

Table 2  
 Malcolm Baldrige Criteria *Category Frequency Distribution*  
 At the Thousand Islands Hospital in 2023

<b>CATEGORY</b>	<b>N</b>	<b>%</b>
<b>Leadership</b>		
Good	15	30
Not Good	35	70
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Strategic Planning</b>		
Good	16	32
Not Good	34	68
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Customer Focus</b>		
Good	33	66
Not Good	17	34
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Measurement, Analysis and Knowledge management</b>		
Good	26	52
Not Good	24	48
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Fokus Staff</b>		
Good	17	34
Not Good	33	66
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Fokus Proses</b>		
Good	14	28
Not Good	36	72
<b>Total</b>	<b>50</b>	<b>100</b>
<b>Hasil Kinerja</b>		
Good	24	48
Not Good	26	52
<b>Total</b>	<b>50</b>	<b>100</b>

Source: Primary Data of Thousand Islands Hospital, 2023

Table 3  
 Score the entire category based on the results of the questionnaire  
 Thousand Islands Hospital

<b>No</b>	<b>Category</b>	<b>Max Score</b>	<b>Score of Thousand Islands Hospital</b>	<b>Percent Achievement</b>
1	Leadership	120	67	55,8%

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2	Planning Strategy	85	56	65,8%
3	Customer	85	54	63,5%
4	Measurement, Analysis and Knowledge Management	90	50	55,5%
5	Focus on staff	85	52	61,1%
6	Focus on Process	85	60	70,6%
7	Performance Results	450	321	71,3%
<b>TOTAL</b>		<b>1000</b>	<b>660</b>	<b>66,6%</b>

Source: Primary Data of RSUD Kepulauan Seribu

Table 4  
Score of All Categories  
Based on Interview Results and Document Observations  
Thousand Islands Hospital in 2023

Categories &Items	Summary	% Shoes	Maximum score	Item Score
<b>1. Leadership</b>		<b>20%</b>	<b>120</b>	<b>24</b>
1.1 Senior Leadership	<ul style="list-style-type: none"> <li>• The vision and mission have been set, the planning of the hospital has been carried out</li> <li>• The application of the implementation of the vision and mission has not been optimal even though the vision and mission information has been implemented</li> <li>• Monitoring of vision and mission evaluation has not been carried out, problem solving has become an orientation towards general improvement</li> <li>• Problem solving is carried out together, the approach is adapted to other work units</li> </ul>	20%	70	14
1.2 Governance and responsibilities Social Responsibility	<ul style="list-style-type: none"> <li>• The ability to translate vision, mission, values is not optimal, requires strong commitment from the leadership</li> <li>• The method has not been consistently implemented, it seems that the rajal unit has not understood the meaning of the vision, mission of the hospital</li> <li>• The PDCA cycle has not been optimal in the evaluation of improvements</li> <li>• Determination of performance measurement indicators in achieving the vision, mission value has not been measured and analyzed</li> </ul>	20%	50	10
<b>2. Strategy Planning</b>		<b>25%</b>	<b>85</b>	<b>21,25</b>

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Categories &Items	Summary	% Shoes	Maximum score	Item Score
2.1 Strategy Development	<ul style="list-style-type: none"> <li>• The strategic planning process has involved a senior leadership team. Prepared as an effort to improve, but the effectiveness and systematics of the method still need to be improved</li> <li>• Involvement of senior leaders and almost all service units in the preparation of the strategic plan. More active and focused involvement of directors and all service units needs to be improved and consistent.</li> <li>• Evaluation of the strategic plan preparation process has not been routinely carried out, especially the active involvement of directors and other units other than the planning section</li> <li>• Balancing stakeholder expectations and ensuring alignment and long- and short-term work plans.</li> </ul>	25%	40	10
2.2 Strategy Implementation	<ul style="list-style-type: none"> <li>• Innovation proposals are presented in internal meetings, once a year</li> <li>• The initial stage of implementation has been informed in several units</li> <li>• Evaluation is carried out systematically, as the initial stage of implementation</li> <li>• The implementation of the strategic plan is adjusted to the work unit by solving problems submitted at internal meetings</li> </ul>	25%	45	11,25
<b>3. Customer Focus</b>		<b>25%</b>	<b>85</b>	<b>21,25</b>
3.1 Subscriber Sound	<ul style="list-style-type: none"> <li>• Suggestion boxes are available in the outpatient unit. Patient information collection is systematic but effectiveness has not been measured</li> </ul>	25%	45	11.25

Categories &Items	Summary	% Shoes	Maximum score	Item Score
	<ul style="list-style-type: none"> <li>• Spread and approach have been carried out but have not been consistently carried out on an outpatient basis. Follow-up has not been fulfilled, especially related to large financing</li> <li>• The initial stage, an evaluation already carried out, reactive on common problems leads to improved improvement</li> <li>• Harmonization of planning, processes, measurements, analyses needs to be adjusted to the extent of the work area/unit through joint problem solving to improve service performance.</li> </ul>			
3.2 Customer engagement	<ul style="list-style-type: none"> <li>• The initial stage, systematic approach, improvement of facilities, improvement of HR competence have been carried out, but effectiveness has not been measured</li> <li>• The approach has been informed in several work units, activities have not been carried out consistently</li> <li>• The evaluation and improvement cycle still needs to be improved. Innovation programs still tend to be reactive to the emergence of problems, information sharing between units is not optimal.</li> <li>• Harmonization between planning, the evaluation process of analysis is not optimal, the approach is still adjusted to the workload of the unit, continuous improvement is carried out through solving problems together.</li> </ul>	25%	40	10
<b>4. Measuring, Analysis and Knowledge Management</b>		<b>25%</b>	<b>90</b>	<b>22,50</b>
4.1 Measurement, analysis and	<ul style="list-style-type: none"> <li>• Performance measurement is carried out through the</li> </ul>	25%	45	11,25



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Categories &Items	Summary	% Shoes	Maximum score	Item Score
Performance improvements	<p>determination of SPM indicators and other indicators, the results of performance indicator achievements are compared with internal targets, effectiveness has not been measured</p> <ul style="list-style-type: none"> <li>• Recording, measuring, reporting, analyzing, and follow-up have not been consistently carried out in the outpatient area. The approach is still reactive, the document is completed as the assessment approaches</li> <li>• Evaluation and improvement have not been optimally implemented. Performance data has not been optimally analyzed to determine improvements.</li> <li>• Harmonization between planning, processes, data and information improvement, sharing learning has not been optimally carried out, so it cannot support the achievement of the hospital's important goals.</li> </ul>			
4.2 Management Knowledge, Information and information technology	<ul style="list-style-type: none"> <li>• Management information systems are still simple. The approach taken to internal data collection has begun to be systematic, but effectiveness has not been measured</li> <li>• There is no process to ensure accuracy and validity, reliability and timeliness so that data and information needs have not been optimally met</li> <li>• The cycle of evaluation and improvement of this approach has not been optimal, resulting in limited innovation opportunities</li> <li>• Synergy and harmonization between the availability of data and information with aspects of planning, processing, analysis and sharing learning are not optimal</li> </ul>	25%	45	11,25
<b>5. Staff Focus</b>		<b>25%</b>	<b>85</b>	<b>19</b>

Categories &Items	Summary	% Shoes	Maximum score	Item Score
5.1 Labor environment	<ul style="list-style-type: none"> <li>The hospital has created a safe working environment, with the PPI team conducting socialization activities. The approach is carried out systematically but its effectiveness has not been measured.</li> <li>The approach has not been implemented consistently in all work areas/units</li> <li>Evaluation of several activity indicators has not been optimally carried out</li> <li>Synergy and harmonization in the work-home system approach are still not optimally carried out.</li> </ul>	25%	40	10
5.2 Labor Engagement	<ul style="list-style-type: none"> <li>In the initial stage, the measurement of employee job satisfaction was carried out at internal meetings, but effectiveness could not be measured.</li> <li>This system approach has not been consistently carried out regularly</li> <li>Reactive in overcoming the problems found, feedback has not been optimally done</li> <li>Harmonization has not been optimal, so employee satisfaction has not been analyzed</li> </ul>	20%	45	9
<b>6. Process Focus</b>		<b>25%</b>	<b>85</b>	<b>21,25</b>
6.1 Work Process	<ul style="list-style-type: none"> <li>PDCA is carried out as a process management approach, but its implementation has not been consistent</li> <li>The spread is in all units but not yet maximized</li> <li>Evaluation and follow-up have not been optimal, reactive to the problems found</li> <li>Harmonization is not optimal, problem solving is carried out in accordance with the problem and solved together</li> </ul>	25%	45	11,25

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Categories &Items	Summary	% Shoes	Maximum score	Item Score
6.2 Operational Effectiveness	<ul style="list-style-type: none"> <li>• The preparation of <i>clinical pathways</i> has been carried out as an approach, but is limited to certain units</li> <li>• The implementation of <i>the clinical pathway</i> has not been optimal, limited specialist personnel, so the implementation has not been optimal</li> <li>• The cycle of evaluation and continuous improvement has not been optimally carried out</li> <li>• The implementation of quality control and cost control is an important part. The approach is still tailored to specific areas</li> </ul>	25%	40	10
<b>7. Performance Results</b>		<b>25%</b>	<b>450</b>	<b>110,5</b>
7.1 Health process and service outcomes	<ul style="list-style-type: none"> <li>• Hospital performance results have been reported, there have been several improvements and performance levels are quite good in several work areas/units</li> <li>• Data trends are reported, although not optimal</li> <li>• No comparison Information</li> <li>• Performance results are reported in several work areas/units</li> </ul>	30%	120	36
7.2 Outcome focus customer	<ul style="list-style-type: none"> <li>• Performance results are reported, there is an increase in some areas or the level of work is good in some areas</li> <li>• Evidence of an increase in early-stage trends is available</li> <li>• Comparison information is reported across multiple units</li> <li>• Performance results are reported in many key areas</li> </ul>	25%	80	20
7.3 Workforce-focused outcomes	<ul style="list-style-type: none"> <li>• Performance results are reported, not yet seen improvement in some areas or good work levels</li> <li>• Data trends have not been fully reported</li> </ul>	20%	80	16

Categories &Items	Summary	% Shoes	Maximum score	Item Score
	<ul style="list-style-type: none"> <li>• Unreported comparative information</li> <li>• Performance results have not been reported in many work areas/units</li> </ul>			
7.4 Leadership outcomes and governance	<ul style="list-style-type: none"> <li>• There are performance results that have not been optimal in some of the reported</li> <li>• Trend data is not reported or Most show bad trends</li> <li>• Unreported comparative information</li> <li>• Performance results have not been reported in many work areas/units</li> </ul>	20%	80	16
7.5 Financial and marketing outcomes	<ul style="list-style-type: none"> <li>• Some organizational performance results are reported; There are several areas that need improvement</li> <li>• Trend data is not reported or Most show bad trends</li> <li>• Unreported comparative information</li> <li>• Performance results have not been reported in many work areas/units</li> </ul>	25%	90	22,5
<b>TOTAL</b>		<b>23,98%</b>	<b>1000</b>	<b>239,75</b>

Source: Primary Data of RSUD Kepulauan Seribu

Table 4 shows the total score obtained by RSUD Kepulauan Seribu for all MBNQA categories based on the results of interviews and document observations, which is 239.75 or 23.98% of the maximum score of 1000, the smallest score is the leadership category (20%).

After obtaining the score of each category based on the results of questionnaires, interview results and document review, then an average score assessment for each category was carried out. The average score achievement of all categories can be seen in the table below:

Table 5  
Average Score of All MBNQA Categories  
Based on the Results of Questionnaires, Interviews and Document Observations  
Thousand Islands Hospital 2023

Category	Max Points	Category Points Questionnaire Results	Category Points from Interviews and Observations	Average Category Points	Percentage
Leadership	120	67	24	38,33	32%
Planning Strategy	85	56	21,25	32,83	39%
Customer	85	54	21,25	32,17	38%
Measurement, Analysis and Knowledge Management	90	50	22,5	31,67	35%
Focus on staff	85	52	19	30,00	35%
Focus on Process	85	60	21,25	34,17	40%
Performance Results	450	321	110,5	180,67	40%
<b>TOTAL</b>	<b>1000</b>	<b>660</b>	<b>239.75</b>	<b>379,83</b>	<b>38%</b>

Source: Primary Data of RSUD Kepulauan Seribu

Table 5 above shows that the total score achieved by RSUD Kepulauan Seribu is 379.83. This means that for hospital performance assessment based on MBNQA, Kepulauan Seribu Hospital achieved the average predicate and was included in the *Early Improvement category* (point scale 376-475). *Early improvement* means that Kepulauan Seribu Hospital is in a position to improve the early stages in the health service sector.

In general, the performance of the Thousand Islands Regional Hospital has been quite good although there is still a gap between reality on the ground and expectations. Some categories also still see a fairly high gap, namely in the leadership sub-category (32%). Therefore, improvements need to be prioritized in that category.

### Leadership

Leadership is the main thing in an organization. Leadership aims so that the organization can direct its resources to achieve specified targets. Senior leaders are obliged to create an approach that ensures that the entire organization meets legal requirements and ethical behavior. This approach should be systematized, implemented, evaluated, and integrated throughout the organization (Ayuningtyas et al., 2005).

The vision, mission and values (VMN) that have been set must be understood by the leader and implemented with full commitment and responsibility. The results showed that the determination of VMN was implemented in 2015. There are no clear indicators

decided by the leadership regarding VMN's achievements. So there are no steps of analysis, evaluation, or improvement related to the achievement of VMN. Hospital achievement is measured based on indicators set by governor and ministry regulations. and not juxtaposed with hospital VMN so that it seems that the existing VMN is just a document.

Senior leadership at the hospital has established VMN, but implementation and evaluation have not been carried out optimally. In healthcare organizations, the strategic planning process is the responsibility of the leadership. Leaders will greatly influence how the organization will be in the future so that if the leader does not know the process in strategic planning, the organization will not improve (Glover, 1998).

### **Strategic Planning**

Strategic planning at Kepulauan Seribu Hospital has involved a senior leadership team but its effectiveness and systematics still need to be improved. Evaluation of the strategic plan preparation process has not been carried out, especially the active involvement of directors and other units besides the planning section. Broadly speaking, there are four basic planning steps in all organizations. The four steps are setting goals, formulating the current position of the organization, identifying supporting and inhibiting factors towards the goals, and compiling steps to achieve the goals (Ayuningtyas, 2015).

The determination of the budget business plan (RBA) of the Thousand Islands Regional Hospital is carried out once a year. The determination of the strategic plan for the next year involves all interested parties. The existing strategic plan is a continuation of the previous strategic plan without reanalyzing the current position of the organization. The strategic plan is a derivative of the health office strategic plan and has not been adjusted to VMN RS. One of the management concepts that can be applied to translate VMN is the *Balanced Score Card* (BSC). The implementation of BSC requires leaders and employees to understand and appreciate the importance of organizational strategy. It is necessary to shift short-term goals to long-term goals that require that budgets be linked to organizational strategy so that resource allocation is in line with organizational priorities (Lueg & Vu, 2009).

### **Customer Focus**

RSUD Kepulauan Seribu already has customer data grouped based on geography and characteristics, so that through this the segmentation that is the target customer of the hospital can be known. However, no other approach has been applied to determine the needs and expectations of outpatients.

Customer wishes are known through customer complaints, but there has been no survey regarding outpatient needs. There is no special officer on duty to receive complaints from patients. Even so, there is already a suggestion box for patients to channel complaints and suggestions. This is a concern for management because good complaint handling will affect patient satisfaction. The determining factor of patient loyalty is the quality of service, input, and results of services provided to patients (Romadhona et al., 2019). Customer focus is very important for hospitals where prioritizing patients can increase the value of health services provided (Setiawan, 2011).

### **Measurement, Analysis and Knowledge Management**

The collection of performance at the Thousand Islands Regional Hospital is carried out through the determination of SPM indikator and other indicators, the results

of the achievement of performance indicators are compared to internal targets but effectiveness has not been measured. Evaluation and improvement have not been implemented. Performance data has not been optimally analyzed to determine abandonment.

The use of technology for data and information collection still uses SIRS which is accessed directly. The data collected from SIRS is still limited because it is still in the development stage so that data collection is still personal and not yet integrated. RSUD Kepulauan Seribu has a website that can be accessed by the public and managed by IT officers, although the information provided is not updated regularly.

### **Staff Focus**

There are 2 types of employment status at the Thousand Islands Hospital, namely civil servants and non-civil servants. In HR performance, the measure used for civil servants is the Employee Implementation Assessment List (DP3), while for non-civil servants it is activeness, education, position, length of service, loyalty, dedication to hospitals. An application system has been provided for employees to input their daily activities. The task load of each employee is not the same, but once there are employees with the same level and income, have a higher workload, this is due to additional duties and responsibilities. Management needs to observe a decrease in personnel work because one of the factors in decreasing performance is due to complaints and high workload (Ilyas, 2017).

In staff recruitment, these activities are carried out in accordance with the needs of employees. The process of calculating needs is carried out every year but employee recruitment is adjusted to the availability of installments. Recruitment is carried out openly with the announcement of staff acceptance, with the aim of attracting prospective applicants widely and expected to get qualified employees. Even so, there has never been an evaluation of the results of the recruitment implementation.

RSUD Kepulauan Seribu needs to carry out a clear career distribution so that its employees have work motivation and perform well because the success of an organization depends heavily on the knowledge, skills, creativity, motivation, and background of its employees (Gaspersz, 2011).

### **Process Focus**

Process management is very important because there is a positive relationship between the results of operational processes and products with organizational performance (Fening et al., 2008). To design service processes, patient input, market research, and extensive testing, analysis and planned implementation. should be considered for designing health care processes (Ayuningtyas et al., 2005). The operational planning process at the Thousand Islands Hospital has been carried out with the PDCA cycle, but the process is not consistently implemented. There is no consistent evaluation of the implementation of the SPO that has been established. The problems that arise are sought for the root of the problem even though they have not been consistently implemented.

### **Performance Results**

Performance results have been reported, there have been several improvements and the level of performance is quite good in several areas or work units. Trend data has been reported although not yet optimal. Performance results have begun to be reported in

several work units.

To achieve maximum organizational performance results, every organization must strive to meet its objectives by utilizing the resources it has while ensuring long-term organizational sustainability. Artiya organizational performance is achieved if tasks and work are carried out effectively and efficiently (Suryani & Foeh, 2018). Several factors play an important role in achieving the expected performance results, including support from core managers (Suryani & Foeh, 2018).

## Conclusion

Based on the calculation of the MBNQA score of RSUD Kepulauan Seribu obtained a score of 379.83. In accordance with the MBNQA score descriptor table, the position of the Thousand Islands Hospital is in the range of 376-475 at the average level of early improvement. The general outpatient quality assessment of RSUD Kepulauan Seribu using MBNQA is "the outpatient installation of RSUD Kepulauan Seribu shows the beginning of a systematic approach (approach) in answering the basic requirements of leadership items, strategic planning, customer focus, measurement, analysis and knowledge management, staff focus, process management and performance results". This means that the outpatient unit of RSUD Kepulauan Seribu still requires consistent repairs in line with VMN hospital

Senior leadership needs to build better, active and two-way communication by utilizing existing communication media. In addition to supporting information, inry information needs a communication media that can bridge between leaders and staff. Hospitals also need to measure and assess hospital performance on an ongoing basis. There needs to be a special strategy for the Thousand Islands Hospital in order to attract patients and strengthen its position in the eyes of customers and related stakeholders. In addition, there is a need for a more in-depth analysis of the situation related to strengths and weaknesses and existing opportunities, so that all resources owned become more effective in supporting the implementation and achievement of the hospital's strategic plan.

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