



PERFORMANCE EVALUATION OF HOSPITAL PHARMACY IN THE SECONDARY HOSPITAL "X" WITH BALANCED SCORECARD APPROACH

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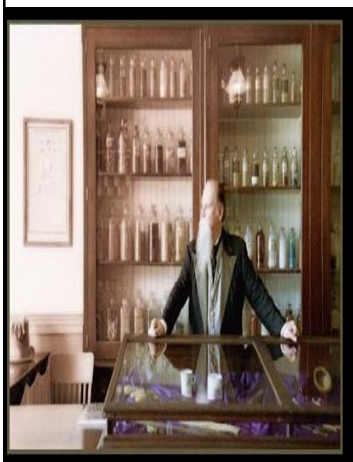
Faculty of Pharmacy GMU
2008



background

- The target of management Hospital "X" in 2007

→



- 25% increasing for quality of service
- 30% decreasing patient complain
- 30% increasing skill of human resources
- 25% increasing profit margin

↓

Necessary to evaluate for pharmacy with balanced scorecard is relevant

The aim of research

Aim:

to measure the department of pharmacy in secondary hospital "X" performance with 4 perspectives of balanced scorecard: learning and growth, internal business process, customer, and financial

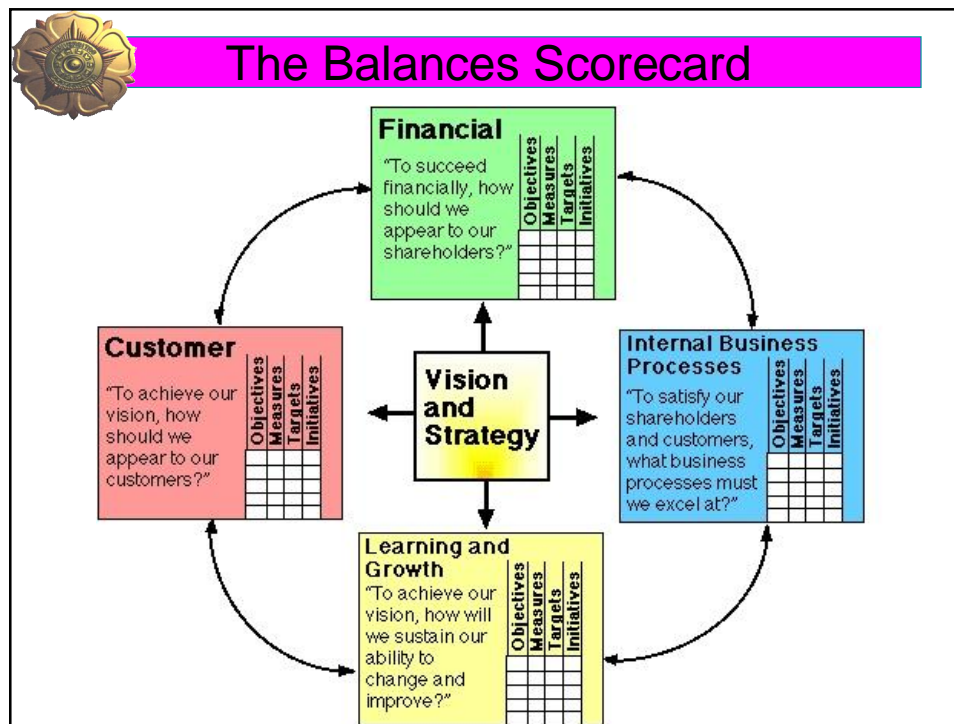
INTRODUCTION

Hospital pharmacy:

the hospital pharmacist should be an expert on drugs who advises on prescribing, administering, and monitoring, as well as a supply manager who ensures that drugs are available through procurement, storage, distribution, inventory control and quality assurance

BSC (Balanced Scorecard)

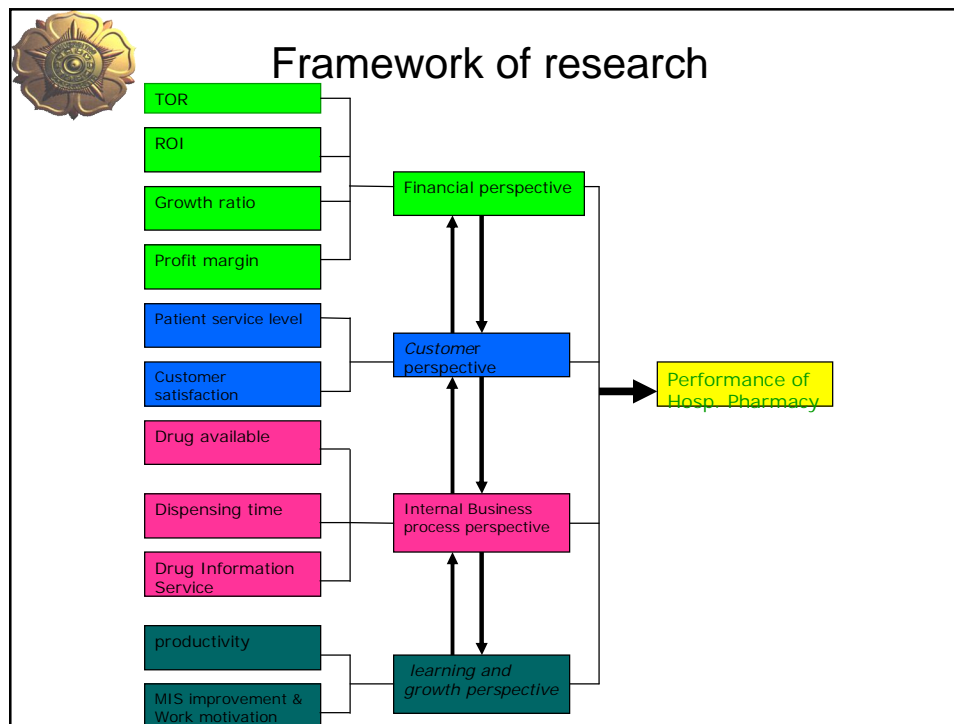
BSC as carefully selected set of quantifiable measures derived from an organization's strategy. The BSC approach developed by Kaplan and Norton is framework for the communication and implementation of strategy. The approach creates a shared understanding of the selected strategies, because it translates the strategy into tangible objectives and balances them into four different objectives: customer, finance, internal processes and learning



Performance measurement with BSC

The four perspectives in BSC

- **Financial Perspective**
ROI, profit margin, TOR
- **Customer Perspective**
customer satisfaction, customer growth
- **Internal business process Perspective**
dispensing time, medication error, DIS and drug availability
- **Learning and growth Perspective**
productivity, percentage of training



METHOD

The study was designed as descriptive study. Data collecting was carried out retrospectively in the form qualitative and quantitative. Qualitative data were collected through direct observation and depth interviewing the head of hospital pharmacy. Quantitative data were collected through questioner, survey to prescription and financial report. Qualitative data was analyzed by its content and quantitative data was analyzed statistically.

Result and Discussion

Learning and Growth perspective

1. Staff Productivity of hospital pharmacy
45,80%
2. Work motivation: 3,72 (high)
3. The MIS indicator : 0

Learning and Growth perspective

No.	Activity	percentage
1	Direct productive	23.95
2	Indirect productive	21.85
3	Non productive	39.52
4	Individual activity	14.68
	Total	100

Year	Target (data base)	real	Indicat or result
2005	3*	0	0
2006	3*	0	0

No	Hospital pharmacy	Motivation work		
		low	middle	High
1	"X"	0	10.00	90.00
2	HS Bandung	30.66	33.33	36.00
3	Lubuk Lingau	0	12.5	87.5

*data base: storage, in patient Service and out patient service Data base (MIS improvement)

Internal business process

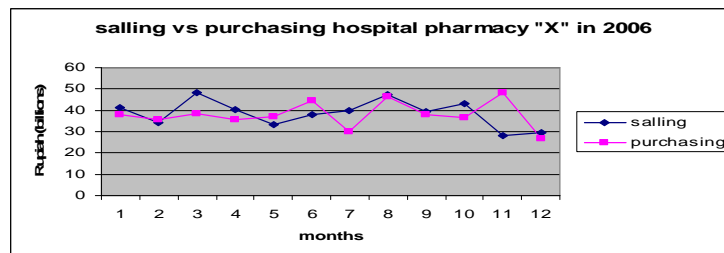
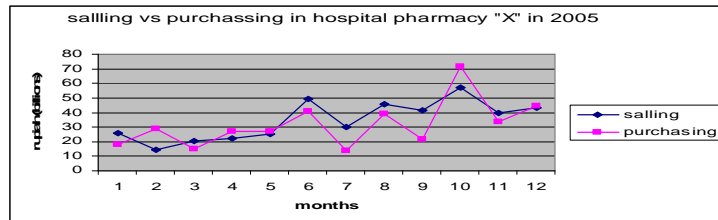
No	Indicator	Result (%)
1	Drug availability	83.83
2	Right label on dispensing	100.00

No.	indicator	Result
3	Dispensing time	10.53 minutes
4	Drug information	37.93 seconds

Customer perspective

No.	Indicator	Result (%)
1	Customer satisfaction	83.50
2	Customer service level	90.15

Financial perspective



Financial perspective

- Performance at financial perspective in 2005 and 2006 showed that the drug selling lower than drug purchasing and growth ratio on sales 0,197.

ratio	HP "X"	HP HS (Liza, 01)	Industry mean (Machfud,97)
Growth ratio	0.197	9.70	7.40

The competitor of hospital pharmacy in hospital "X"

- Pharmacy "pemda"
- Pharmacy of kimia farma



The drugs selling lower than drug purchasing, and growth ratio on sales only 0.197

CONCLUSION

the performance hospital pharmacy in secondary hospital "X" with BSC approach are not good

Thank you

