

## The Model of Increasing Utilization and Productivity of General Practitioners in the Covid-19 Era at the Hospital

Septiphera Helda Roslita<sup>1</sup>, Wekadigunawan<sup>2</sup>, Ratna Indrawati<sup>3</sup>.

MagisterAdministration Rumah Sakit, Esa Unggul UniversityJakarta

**Abstract:** During the Covid 19 pandemic, almost all hospitals experienced decreased utility and Productivity of general practitioner health services. They impactedreducing hospital income, which made the need for research that measured the decline in utility and Productivity of general practitioners during the pandemic, both inpatient and inpatient. This study aims to measure the level of decrease in utility and Productivity of general practitioners with an in-depth interview and group discussion forum and to use SWOT analysis to determine strategies in dealing with decreased utility and Productivity of general practitioners. The study results explained that there had been a very significant decrease in the utility and Productivity of doctors during the period February 2020 to May 2020 due to the Covid pandemic. Furthermore, the SWOT results explain the strategies taken in the study, namely cross-selling and up-selling, and increasing digitization of services. This research concludes that the hospital will determine the Cross-Selling and Up-Selling Strategy to increase the Utility and Productivity of General Practitioners and perform digitalization of services.

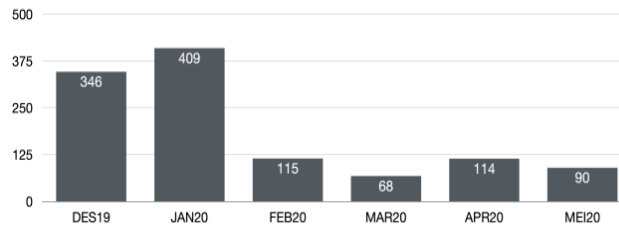
**Keyword:** Hospital, General Practitioner, Utility, Productivity, Swot, Strategy Analysis, FGD, Interview

### I. INTRODUCTION

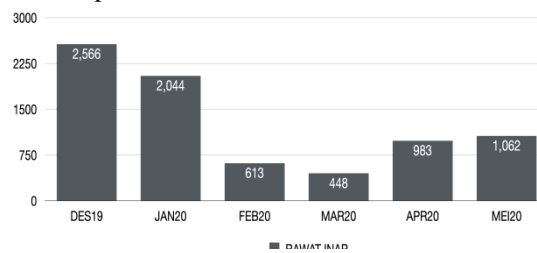
In recent decades, health care organizations have built increasingly labor-intensive business models, employing large numbers of staff serving patients and increasing salaries. Hospital is a health service institution that provides complete individual health services by providing outpatient, inpatient, and emergency services. Besides that, the hospital is part of a health service provider that offers comprehensive services by involving all health workers in supporting and diagnosing further action (PERMENKES RI 30, 2019). Doctors utilize services in a hospital, both in analyzing and determining diagnoses and follow-up actions, so that elements of health workers, especially doctors. The spearhead of the hospital in carrying out their business operations so that the utility and productivity factors of health care workers need to be monitored and maximized in both ordinary and extraordinary conditions or Force Forward.

Force advanced conditions or particular circumstances, such as during the Covid 19 pandemic in Indonesia from the beginning of March 2020 due to the spread of coronavirus. In the world, with the number of victims quoted from Covid-19.go.id (2020) and based on data from WHO as of November 18, 2020, a total of 220 countries with a confirmed positive were 55,064,128 with 1,328,018 deaths. Whereas in Indonesia itself, according to research (Werdhaniet al., 2020). The first positive case of Covid-19 in Indonesia has been identified on March 2, 2020, where the increase was very significant and tended to increase, based on data from Covid-19.go.id (2020) covid-data 19 in Indonesia as of November 18, 2020, as many as 478,720 positive cases with 402,347 recovered and 15,503 died. Covid-19 has affected all health services, such as hospitals and other health services (Alan Kaplan, 2020). The social effect of this disease is a decrease in inpatient visits to these health services, while for medical personnel, the product is the result.

There is a decrease in the income and Productivity of medical personnel, one of which is a doctor (Alan Kaplan, 2020). Pavilion hospital as a health service under the auspices of Hospital X also experienced a decrease in the volume of patient visits, both inpatient and outpatients, from December 2019 - May 2020. This drastic volume decrease occurred before the Covid-19 and during the pandemic, where from 346 patient visits per month, only an average of 97 patients per month is shown low. Meanwhile, the Hospital Pavilion's inpatient performance showed a decrease in the volume of inpatient cars. Inpatient services also experienced a high decline due to the pandemic.



Graph 1. Outpatient Dec 2019-May 2020  
Source: Patient Visit Data of X Hospital



Graph 2. Inpatient Dec 2019-May 2020  
Source: Patient Visit Data of X Hospital

From the data above, the impact suffered from the volume of visits to health installations such as hospitals is a decrease in income, impacting business continuity, especially the operational costs of human resources, one of which is a general practitioner (Alan Kaplan, 2020). The utilization of health services is significant for determining good health care research and financing to guarantee the quality of health services (Cockerhaet al. al, 1980). The role of doctors as primary care gatekeepers makes doctors have to provide full service with strict health protocols that have been determined by the government, especially during conditions such as pandemics such as Covid 19 (IDI, 2020).

In addition to this, the drastic decrease in inpatient visits resulted in a change in the scenario that the Hospital Pavilion was trying to take by following the rhythm of these changes. One of them is to do efficiently and try to keep up with the changes that occur, one of which is to maintain human resources and eliminate risks to the human resource which who have high risks such as those over 50 years of age who are among the high risk of contracting covid-19. There will be a decrease in doctors from 12 to 10 people from this scenario and a reduction in working days from 21 to 12 days per month, while a reduction in guard posts from 3 posts to 2 guard posts.

Another decrease in inpatient visits and the Covid-19 epidemic resulted in several doctors over 50 years of age temporarily resting or not practicing in the Hospital Pavilion. This condition occurred due to the impact of transmission in the hospital. Many ten nurses and two doctors who positive for Covid-19 and has been handled by the Covid-19 task force and are being quarantined at Wisma Athlete Kemayoran. This impact requires a concept and protocol for protecting doctors in the Covid-19 era (IDI, 2020).

Based on the above background, it is essential to investigate the effect Covid 19 has on the utility and productivity of medical services, particularly general practitioners in the Hospital Pavilion regarding working days, working hours, and medical services, and the need to provide an input scenario. To the hospital facing this crisis condition and what strategies can be developed to maintain the Productivity of general practitioners and hospital income to survive.

The author uses the SWOT approach to dissect all the information and data obtained internally and index. Interview to be used as a basis for calculating utility and Productivity in terms of working hours, work schedule and the number of human resources, and the strategic scenario applied to the Hospital Pavilion. The gap in the study is that before COVID-19, there is a reduction in physicians' usefulness and Productivity so that measures are required to enhance the strategy that is out of the question in times of crisis. The purpose of this study is to develop a model for increasing the utility and Productivity of general practitioners in the Covid-19 era at the hospital, besides the need for a SWOT analysis in analyzing utilization and Productivity for general practitioners. After examining the development of utility and Productivity and SWOT for hospitals, it is necessary to determine the alternative strategy to solve decreasing utility and Productivity. This research has never been studied before, so the authors are interested in conducting this research. In difficult situations such as covid 19 in hospitals in Indonesia, this research may be utilized as a reference and further developing.

## II. LITERATURE REVIEW

According to Al Darrab (2000), the available time is the actual maximum hours expected from the company. The percentage of work center active time compared to the available time is called work center usage. Meanwhile, the standard working hours in production divide by the actual hours worked and multiplied by one hundred percent. This research may be utilized as a reference and future development in crises such as covid-19 in Indonesian hospitals. by means of workdays, working hours, and plan services, and the declared actuality of their use of the device. (Al Darrab, 2000).According to Lagasse (1995),Productivity in a pure sense is the ratio of output to input and has been classically calculated at two levels. TiangGenie (Geni8) states that Productivity is the ratio between work results in goods or services with the resources or energy used in a production process. Meanwhile, according to the research formulation of the Singapore National Productivity Board, it is said that Productivity is a mental attitude enthusiasm to make improvements. In the Rome Conference European Productivity Agency in 1958, it was stated that: 1). Productivity is the level of efficiency and effectiveness of using the productivity element. 2). According to Peter F Ducker (1995), work productivity is a balance between all factors that will provide a lot of output through more efficient spending. The authors use the Dimensions of al Darrab 2020 regarding Output, Input, and Quality factors from the explanation above.

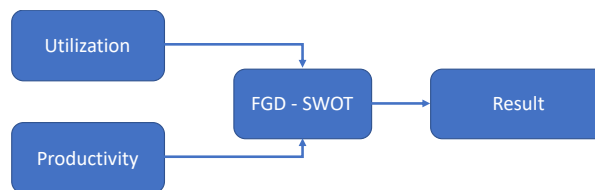
According to George et al. (1950),the Definition/definition of a SWOT analysis (Strength, Weakness, Opportunities, and Threats). SWOT analysis is a method of strategic planning for a company or organization in a single business unit. The scope of this single business can be either domestic or multinational. SWOT itself stands for Strength (S), Weakness (W), Opportunities (O), and Threats (T) which means strengths, weaknesses, opportunities, and threats or constraints, which can systematically help identify external factors. (O and T) and the factors within the company (S and W). These mononucleate a mature plan to achieve goals for both the short and long term (George et al., 1950).

Compensation is the reward that employees receive for their services or contributions (Salisu, Chinyio, & Suresh, 2015). Compensation is often also called an award and can be defined as any form of reward given to employees in return for the contributions they make to the organization (Sudiardhitaet al., 018). Compensation provided by an organization can be delivered directly through basic salary and variable payments and indirect payments through benefits (Mathis, R. L., and Jackson, 2008).

According to Dessler (2015), employee compensation is allpayments or gifts given to employees and arising from their work.

General practitioners focus on treating diseases that appear suddenly (acute) and chronic (chronic), also known as first-service doctors. The difference with specialist doctors is that general practitioners provide comprehensive services to patients. General practitioners also play an essential role in medicine because they are often the first to contact patients. General practitioners do not tie to treating any particular part or organ of the body. Hence, they have broad expertise,which helps them to help patients of all ages, genders, and various problems.

### Research Framework



Picture 2.1 Research Framework

## III. RESEARCH METHODS

This research was performed using a qualitative descriptive research method. Data collection began with observing activities in the Pavilion, interviews, Forum Group Discussion (FGD), and review of observation documents carried out for approximately three months from September 1, 2020, to November 31, 2020, as well as data, collect Secondary from internal Hospital x to complement the research results. The purpose of calculating the utility and Productivity of outpatient and inpatient doctors is to calculate the percentage reduction in inpatient visits to the Hospital pavilion, doctors, and their practice hours so that researchers can find out the impact of Covid-19 on the utilization and Productivity of general practitioners at RS X.

Secondary data were obtained by conducting a document review. In addition to finding and knowing the value of doctor's utility and optimization, a structured interview was also bornwithone doctor in the chart to getoutpatientovergoneone doctor in charge of inpatient two units, two doctors in outpatient two departments, two doctors in inpatient care, and they were funding. Andlook was king for an analysis of the factors that affect the utilization of doctors in the pavilion unit Hospital x.

**Types of Instruments**

The tool utilized in this research was a closed question sheet, namely the answer to the deep interview questions that have been specified in appendix 2. These research interviews were collected by utilizing Interview, a data collecting method, by providing questions to respondents to be replied to following the directions given. The data utilized in this study are quantitative. The information utilized in this study is quantitative, namely data in narrative or inferred qualitative data.

**Measurement technique**

The authors utilized a measurement in this research technique to measure the utility and Productivity of general practitioners at the Pavilion, Hospital, with data obtained from internal companies and interviews with measuring instruments.

$$\begin{array}{l}
 \text{Utilization.} \\
 : \\
 \text{Productivity} \\
 :
 \end{array}
 \begin{array}{l}
 \text{Standard Hours of Work} \\
 \text{Produced} \\
 \hline
 \text{Hours Worked} \\
 \\
 \text{Output} \\
 \hline
 \text{Input}
 \end{array}
 \begin{array}{l}
 \\
 \times 100\% \\
 \\
 \times 100\%
 \end{array}$$

The next step is to conduct FGD in-depth Interviews to build and complete measurements of utility and Productivity and can be analyzed immediately by SWOT and find gaps from these results before and after Covid-19. After the SWOT stages entirely late, make a matrix of analysis of utility and Productivity and make improvement and input scenarios so that the procedure to be taken and selected will be a conclusion and input.

**Scenario**

The scenario that will be made refers to the results of the measurement and SWOT analysis so that the initial design that the author tries to put forward is as follows: a. Make a scenario analysis if the condition of Covid still hasn't subsided by setting up working days and working hours or creating a shifting system so that all general practitioners can still work and get fair and even time. b. Creating new business units that do not meet in person in large numbers is like creating a virtual consultation. c. Creating new VVIP services such as doctor home visits and strict health protocols and creating home care services in the same class as hospital care. d. Collaboration with companies or hospitality that require medical assistance for guests and employees

**IV. RESULTS AND DISCUSSION**

Based on the data that the author has obtained concerning this research, the authors will describe including information on the number of patients both inpatient and outpatient during the period December 2019 to May 2020, the number of general practitioners for the period December 2019 to May 2020, the number of working days for the period December 2019. until May 2020, the number of working hours for the period December 2019 to May 2020, the number of assignment posts for the period, December 2019 to May 2020, and the data we will present are as follows:

Table 4.1 Inpatient and Outpatient Data  
Period Dec 2019- May 2020

SERVICES	DES	JAN	FEB	MAR	APR	MAY
INPATIENT	2566	2044	613	446	983	1062
OUTPATIENT	346	409	115	68	114	90

Source: Patient Visit Data of Hospital

From table 4.1, it can be seen that inpatients in December 2019 amounted to 2566 patients and began to decline in February to May 2020, while outpatients in December 2019 amounted to 345 patients and continued to decline until May 2020 by 90 patients. This decrease occurred due to the impact of Covid 19, where the implementation of the PSBB by the government made patients reluctant to visit hospitals, especially the Pavilion at the hospital, resulting in a decrease in visits.

While the number of doctors in December 2019 and January 2020 was 12 people, due to the impact of Covid 19, 2 doctors over 50 years of age were rested to avoid the risk of exposure to Covid 19. The following is the doctor's data for the Pavilion Hospital as in table 4.,2 divided into two posts, namely inpatient and outpatient care.

Data on the number of working days for General Practitioners in the Pavilion of Hospital

Furthermore, in this study, the author tries to explain the number of workdays days saysfrom December 2019 to May 202,0 as in table 4.3 below.

From the data in table 4.3, it can be seen that a decrease in the number of working days due to reduced patient visits and resulting in 2 senior doctors being rested to avoid transmission of Covid and having a severe impact due to the age factor above 50 years, from this table it can be seen that a significant impact due to the COVID-19 pandemic on the number of working days for general practitioners

**Inpatient Data - Outpatients handled by General Practitioners at Pavilion X Hospital.**

At the inpatient post, based on patient visit data processing.It can be seen that in an inpatient post with four doctors on duty it can be seen that each doctor treated 31 patients per day in December 2019 and consecutively has decreased, 24 patients in January. 2020, and the critical positions in March and April 2020 were nine patients per day, shown in table 4.4 below.

Meanwhile, outpatient services were also seen to have decreased significantly, with an average daily rate of only two patients per doctor and 43 patients per month per general outpatient doctor (table 4.5).General Practitioner Daily and Monthly Patient Service DataBased on patient data that has been obtained, the authors process the data with the assumption that per-patient service is 10 minutes multiplied by 7 hours of work so that the standard of inpatient general practitioner work is 420 minutes per day. From the results of patient visits, it was found that the average service per doctor at the inpatient post per day was 305 - 221 minutes, with the maximum capacity in one working day being 7 hours or 420 minutes perday, as shown in table 4.6.

While the service time for inpatients in one month, the average service per doctor at the inpatient post is 7 hours multiplied by 21 working days so that the standard of work in 1 month is 8820 minutes, from the results of patient visits multiplied by the standard 10 minutes per patient service, then in December 2019 amounted to 6415 - and in May 2655 minutes with a maximum capacity in one working month is 7 hours or 8820 minutes per month as shown in table 4.7.The outpatient post explains that the per-patient service data is 7 hours multiplied by 60 minutes so that the standard working hours are 420 minutes.Based on the number of patients multiplied by 10 minutes of service, the average doctor's service per day at the outpatient post is obtained in a day in December 2019. Table 4.8 shows that May 2020 is a total of 21 minutes, and May 2021 is 150 minutes. Assuming the maximum capacity in one working day is 7 hours or 420 minutes, table 4.8 shows the maximum capacity in one working day in May 2021 to be 7 hours or 420 minutes.

For patient service, one month's outpatient care would include seven hours of service each day, multiplied by 60 minutes of kindness each day, for a total of 21 working days.The averageassistance service at an outpatient post in a month is 10 minutes of service hours multiplied by the number of patients and gets a value of 443 minutes in December 2019 and 1796 minutes in May,020 with the maximum capacity in one working month is 7 hours or 8820 minutes as shown in table 4.9.

Based on these data, the authors will calculate the utilization of health services based on the hours of doctor service per day based on the data above so that the authors will use the data to calculate its utility.

**Utilization Measurement**

**Actual Use of Service Utilities**

In the measurements made by the author in this study trying to measure using the measurement formula Al-Darrab (2000), Arnold (1991) so that the measurement results are as follows:

**Time Available**

$$\begin{aligned} &= 60 \text{ Minutes} \times 7 \text{ Hours} \times 1 \text{ day} \\ &= 420 \text{ minutes / day (within 7 hours)} \end{aligned}$$

From these measurements, the standard working hours of each doctor on duty is to work for 7 hours or 420 minutes regularly, noregular working hours are 8 hours per day, but the author only uses 7 hours of active working hours due to a 1-hour break cut. Furthermore, after determining the available time, the utilization was be measured concerning the dimensions of the utilization of Al-Darrab (2000), Arnold (1991). From the calculation results of the utilization of general practitioners with standard doctor services is 8820 minutes for the number of working days with the standard measurement is 7 hours of work a day and multiplied by 60 minutes and multiplied by 21 working days, then the average percentage of the utility of general practitioners at inpatient posts for December 2019 73% and 30% in May 2020 as shown in Table 4.10.Utilization of general practitioners at outpatient positions whose authors processed

the data for December 2019 - May 2020 produced data on the percentage of service utilization as shown in table 4.9.

#### **General Practitioner Service Utility Loss**

The data processing results on the percentage of utilization that is lost or unused at inpatient posts, the data are as shown in Table 4.10 below. The data portion percentage of doctor services utilized in outpatient services are shown in the following analysis and table 4.11. Meanwhile, the portion of general practitioner road service that is missing or not used is shown in table 4.12.

#### **Productivity Measurement**

Based on the results of calculations and data processing carried out by the author in looking for the productivity standard factors for general practitioners, the authors will display the processed data as shown in the following table 4:14 Al-Darrab (2000). From the results of these standard measurements, the authors will calculate the actual Productivity of inpatient and outpatient services. With a standard of 420 minutes, it should be able to serve 42 patients. Still, in fact, in December 2019, inpatient doctors only did 31 days, and in May 2020, as many as 22 patients per day. Meanwhile, outpatient general practitioner services are standard of 42 patients per day, but they only set two patients p. This can be seen in table 4.15.

From the results of the analysis of the Productivity of general practitioner services at the RS x Inpatient and Outpatient Pavilion for Dec 2019-May 2020, a percentage does show in table 4.17.

#### **SWOT Analysis**

Based on the analysis from the author regarding the SWOT carried out at the Pavilion, information regarding Strength - Weakness - Opportunity - Threat is obtained, which we will describe further. George Albert Smith Jr and C Roland Christiansen in 1950

##### **Strength**

The strength of the Pavilion as the guardian of services for private patients owned by x Hospital impacts the strong forces will describe as follows: Having a Qualified Doctor with more than five 5 years of experience in a central / Type A hospital with experience expertise complex diseases. Complete and qualified hospital equipment. As a type-A hospital, the highest referral hospital or central mainly with qualify capable and facilities. Building conditions and services that have quality standards following the provisions of the Central Hospital or Type-A.

##### **Weakness**

The Pavilion's weakness is weakness, so we describe it as follows: Conditions The high spread of covid causes patient visits to decrease. Less maximal utility and Productivity of general practitioners in hospitalization. Lack of maximum utility and Productivity of general practitioners on outpatient care. Management. Hierarchy so that the bureaucratic process is slow in responding to changing situations such as the COVID-19 pandemic.

##### **Opportunity**

Using general practitioners in the Pavilion necessitates the development of a plan. Cross-selling and upselling were operated in collaboration with businesses to facilitate the absorption of general practitioners' use and Productivity. Increasing revenue for the Pavilion Hospital includes the creation of a new business unit that allows doctors to be part of the unit.

##### **Threat**

General practitioner HR hijacking. Demotivation of General Practitioners. Reduction in income other than the salary received by general practitioners. There is a change in service from conventional to digital. Based on the Strength, Weakness, Opportunity, Threat analysis described above, the author will create a SWOT table with 4 Quadrants where internal, external factors are usually positive and negative, as shown in table 4.18.

#### **Strategy**

##### **Matrix External Factor Evaluation (EFE)**

After the SWOT table is made, the writer will make external factors that affect the condition of decreasing utility and Productivity of the general practitioners at the Pavilion, as shown in table 4:14. It can be seen that the total score for the EFE matrix of the Pavilion x hospital is 3.63, which means that the company has responded well to the opportunities and threats that exist in its industry. In other words, the company has been effectively taking advantage of the opportunities that exist today and minimizing the effects that may arise from external threats.

##### **Matrix Internal Factor Evaluation (IFE)**

The internal Factor Evaluation (IFE) matrix is used to evaluate internal factors to see its main strengths and weaknesses against its business functions to win a business competition. The IFE matrix is obtained from the internal analysis previously and can be seen in Table 4.15.

From the results of the IFE matrix at the Pavilion at the hospital, it can be seen that the total score obtained is 3.27, so it can be said that the company already has the internal solidly solid to be able to compete with competitors and in the face of the Covid-19 pandemic.

**SWOT Matrix**

At the SWOT matrix stage, the strategy used to evaluate the company includes Strengths, Weaknesses, Opportunities, and Threats in the SWOT matrix (table 4.16).

After the SWOT matrix table is made, the next step that the writer takes is to create a SWOT matrix with four quadrants which include quadrant 1 (Growth), quadrant 2 (Stability), quadrant 3 (Survival), and Quadrant 4 is (Diversification), which is shown in Figure 4.2.

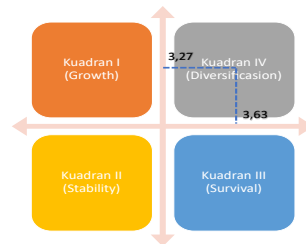


Figure 4.2 Quadrant Matrix

Source: Data Processed by the Author

In the next step, the authors try to determine what strategy to choose in the face of the reduced utilization and productivity conditions at the Pavilion, X Hospital. Furthermore, the authors try to analyze Table 4.16 SWOT by determining the SO Strategy, namely, designing applications to facilitate services for health services (S1, O3, O4). Cooperate with the Company (S2, S3, S8, O4). For WO, the strategies are: Utilizing social media to expand the reach of information and promotion (W1, O3, O4). In ST Strategy, the authors optimize the Human Resources of Doctors (S1, S2, S3, S4). Making Health Business Diversification (S1, S2, S3, S4, T1, T2). Digital Marketing Strategy (S1, S2, S3, S4, T4, T3)). Whereas for WT, the strategy being carried out is increasing related knowledge about digital-based information technology and improving services (W3, T3, T4, T5). The predetermined system then selected the two most important and made in the QSPM table wherein the table already has several strategic analyses that have been planned as in table 4.17.

The QSPM analysis concluded that the strategy to start digitizing health services got a score of 2.98, while the second strategy was Cross-selling up selling, getting reaching 3.10. So, it can be concluded that the second strategy is more attractive and is a strategy that the company will carry out.

**Results of the Forum Group Discussion (FGD)**

**Respondent Data for Group Discussion Forums**

Before conducting FGDs with the respondents, the authors try to analyze the characteristics of respondent's data where the data looks like in the following table.

**Forum Group Discussion (FGD)**

Based on the results of the Group Discussion Forum (FGD) of 12 doctors conducted in this study, information was obtained regarding the utility and Productivity of general practitioners in covid-19 conditions, namely:

**The theme I: Patient Visits**

There was a decrease in inpatient visits during the period December 2019 - May 2020. The following general practitioners stated that there was a decrease in patient visits as follows:

Respondent A "Patient's condition decreased on December 19, but the peak occurred from February 2020 to May 2020".

Respondent C "Not only the decline but the fear of Covid as well as Large-Scale Social Restrictions PSBB."

Respondent L "December started to suffer, but February got first."

This is following the research of Boserup, B., McKenney, M., & Elkbuli, A. (2020) in his study "The effect of pandemic COVID-19 on emergency department visits and patient safety in the United States" in the journal The American Journal of Emergency Medicine with the conclusion that the average number of ED visits per week over the past four weeks of data available during the pandemic was significantly less than four weeks before the Covid-19 pandemic (p = 0.008).

**Theme II: Utility and Productivity**

There have been changes in the utility and Productivity of general practitioners during the period December 2019 - May 2020, where the standard of general practitioner available work is 21 days per month with working hours of 8 hours per day or 420 minutes per day

Respondent A ""Yes, we have less work! Moreover, our Productivity is usually busy, so there is free time at the office even though we are on standby

Respondent C ""Yes, our utility and productivity are reduced, which are usually busy at that time, waiting for the patient."

Respondent D ""Yes, I wrote it in February. Only 12 working days, lonely days, a lot of blanks waiting for the thing that for the patient"."

Respondent L ""Yes, December is still 21 working. After that, it changes to 1 days working day"."

This is following the research of T. watched et al. (1995) in physicians' utilization of health care" in the journal General Internal Medicine PubMed, which explains that this study found low use of service utility and general health productivity among physicians, but high use of preventive services. Most of the medical care received by doctors is obtained outside of the traditional health care system available to the general public. In contrast, many doctors rely on self-care and informal care.

**Theme III: Income**

There was a decrease in the income of general practitioners in the period December 2019 - May 2020, ranging from 50% - 70% from before the pandemic, where doctors received an average of + over 2 million medical services.

Respondent A ""Medical treatment has considerably. "enable."

Respondent L ""I suppose I wrote a medical treatment, only 750,000 in February 2020, Fifty percent reduce"."

Respondent A ""Fortunately, the basic salary has not been deducted. Other hospitals have been deducted"."

Meanwhile, according to Quan-Hoang Vuong, Manh-Toan Ho (2020,) in his research o ""Rethinking editorial management and productivity in the COVID-19 pandemic" in his journal Center for Interdisciplinary Social Research explained that there was a reduction in indirect costs during the Covid-19 pandemic, in particular, absenteeism and loss of Productivity of medical personnel in Vietnam reduced the medical team's income.

**Theme IV: Hope**

General practitioners expect hospital management to strategize during the pandemic by making products that will increase utility and Productivity.

Respondent D "I hope that everything will be over quickly and management needs to make a good cross-selling up selling."strategy."

Respondent L "As well as the need for good risk management and the use of qualified medical personnel, they all experience it is a shame if there is a lot of unemployment."

Respondent A ""Yes, if you need to make a strategy, like my friends in other households, they have teleconference services in cooperation with private agencies. Respondent D: If possible, the management will invite us to discuss business development to advance the hospital.

Respondent A "If possible, the bureaucracy will be trimmed so that the execution will be quick if there is an urgent decision

Fawsh (2020), in his research of "Loss and Resilience in the Time of COVID-19: Meaning Making, Hope, and Transcendence" in Chicago America, explains his research that discusses the effects of difficult and traumatic losses caused by the Covid-19 pandemic. Transformation and positive growth need to be used as training guidelines to provide hope in adapting and surviving in pandemic conditions.

**Results of In-Depth Interview**

Before conducting interviews with respondents, the writer tries to analyze the characteristics of respondent's data where the data looks in the following table.

Doctor	Age	Status	Length of working
Doctor A	35 YO	Contract	Eight years
Doctor K	58 YO	Permanent	25 years

Source: Patient Visit Data of X Hospital



### **In-Depth Interview**

Based on the results of interviews with general practitioners at the Hospital pavilion, information was obtained from doctor respondents with the following themes:

#### **The theme I: Patient Decline**

There was a decrease in inpatient visits during the period December 2019 - May 2020.

According to respondent A, 35 years of age, eight years of work are as follows:

Respondent A "The hospital condition during the pandemic month of December 19 to May 2020 saw a decrease in patients from outpatient and inpatient care, and the effect was very significant.

Respondent A "Because the patient is afraid to go to the hospital and the implementation of PSBB can be a major factor in the decrease in the number of patients."

According to respondent K, 58 years of age, 25 years of work are as follows:

Respondent K "On December 19 to May 2020, there was a decline, especially patients from outpatient and inpatient care, which could be reduced by fifty percent from the normal condition."

Respondent K "There is a fear of patients catching the coronavirus if they go to the hospital."

Respondent K "Added to this is the strict PSBB regulation from the central government so that the number of patients going to the hospital has decreased" "This result is following the research of Bose et al. (2020) in his research on The impact of the COVID-19 pandemic on emergency department visits and patient safety in the United States" in the journal The American Journal of Emergency Medicine with the conclusion that the average number of patient visits per week over the last four weeks of data available during the pandemic was significantly less than the four weeks before the Covid-19 pandemic had decreased.

#### **Theme II: Decreased Utility**

The utility of general practitioners decreased between December 2019-May 2020.

According to respondent A, 35 years of age, eight years of work are as follows:

Respondent A "the impact of patient visits caused my utility decrease."

Respondent A "My practice schedule and number of working days changed from 21 days to 12 days during that period."

Respondent A "Besides, the guard is stationed by the preceding three guards."

According to respondent K, 58 years of age, 25 years of work are as follows:

Respondent K "Due to the age factor at risk of contracting the coronavirus, I have reduced the number of working days.

Respondent K "I think the utility of working days has changed from 21 days to 12 working days and maybe the effective working hours have also been affecting, for example, we used to work a full 7 hours treating patients now it's only 3 hours effective".

Respondent K "Previous three posts were changed to 2 guard posts because there was fewer patient."

This follows the research of watched et al. (1995) in physician's utilization of health care" in the journal General Internal Medicine PubMed, which explains that this study found low use of service utility and general health productivity among doctors. In contrast, in the Pavilion, this decrease in utility was due to the impact of decreasing patients. and the condition of the Covid epidemic 19.

#### **Theme III: Decrease in Productivity**

Doctors at the Pavilion felt the productivity side of the impact of covid. This is reflected in the interviews given by respondents.

According to respondent A, 35 years of age, eight years of work are as follows:

Respondent A "My productivity has decreased after the Covid pandemic.

Respondent A "Every day we work as usual, but my activities are freer and more relaxed than before Covid."

Respondent A "Just imagine in a day I work 7 hours. Most effectively, I work. Only 3 hours, the rest I chat and standby, even though I usually handle patients."

According to respondent K, 58 years of age, 25 years of work are as follows:

Respondent K "During the peak period, all the productivity decrease."

Respondent K "Yes, the working day decreases, then the most effective days are only effective for a few hours. It seems like there is no work".

Respondent K "There is a lot of free time because the room is quiet. There are no inpatient patients who still patients."

This is following the research of T. watched et al. (1995) in his physicians' utilization of health care in the journal General Internal Medicine PubMed, which explains that this study found low use of service utility and general health productivity physicians of preventive services. Meanwhile, according to Quan-Hoang

Vuong, Manh-Toan Ho (2020), in his research o""Rethinking editorial management and productivity in the COVID-19 pandemic" in his journal Center for Interdisciplinary Social Research, explained that there was a reduction in indirect costs during the Covid-19 pandemic. In particular, absenteeism and loss of Productivity of medical personnel in Vietnam.

Torkildsen (2011) provides a definition of leisure as follows: first, leisure as time. Leisure time is described as leisure time after all the accessible necessities have been done. Where there is more time, I have to do everything following positive wishes. In this case, free time is the remaining time available after the individual has completed all obligations and responsibilities. The leisure class theory was proposed by Thorstein Veblen (2011). Leisure class comes from the word leisure, which means free time, and the leisure class theory explains the behavior of a person in utilizing their free time and spending a lot of money to make their wishes come true.

#### **Theme IV: Management Input**

During the COVID-19 pandemic, pavilion management had not made any policies and strategies. This can be seen from the fact that there are still doctors who experience low utilization and Productivity.

According to respondent A, 35 years of age, eight years of work are as follows:

Respondent A "Management only applies non-covid patients, and there is a fear that if a patient is exposed to Covid, it will make the main patient refuse to other her that there is no effort to make specific marketing strategy."

Respondent A "The additional service for the Pavilion during the pandemic was only a swab, test drive-thru, just like other hospitals, and there were no products."

According to respondent K, 58 years of age, 25 years of work are as follows:

Respondent K "The hospital management that I saw take action." action."

Respondent K "It's just that as long as I do swab drive-thru service."

Filippo Rapisarda et al. (2020), in his research ""The Early Impact of the Covid-19 Emergency on Mental Health Workers: A Survey in Lombardy, Italy", explained that Lombardy is the center of the Covid-19 outbreak in Italy, and in March 2020 it increased rapidly and encouraged the Italian government. To establish Lockdown and introduce safety practices in healthcare. According to A. Kaplan and D'neil (2020) in their research in America o""COVID-19 healthcare's Productivity Show in the journal NEJM Catalyst Innovation in Care Delivery explains that hospitals and medical practices in the Covid-19 crisis have experienced a decline in procedures. And the volume of visits.

#### **Theme V: Hope and Strategy**

What needs to be used as a foundation so that the company can survive and general practitioners can remain utilized in the future, and their Productivity is maintained.

According to respondent A, 35 years of age, eight years of work are as follows:

Respondent A ""First, I hope that Covid will finish soon and be able to recover again. Then Management anticipates risks to extraordinary conditions because if a private hospital is handling Productivity, it becomes important; otherwise, the hospital will go out of business and lay off the general practitioner"."

Respondent A ""If there is a condition like this, it is necessary to have a strategy to survive in a pandemic condition so that the company can survive."

According to respondent K, 58 years of age, 25 years of work are as follows:

Respondent K ""Back to normal and the need for future strategies for management to overcome all obstacles during the pandemic period."

Respondent K ""Need to make a good strategy in dealing with the crisis."

From this result, the doctors expect the Pavilion to make an accurate strategy in facing the crisis and maximize the utility and Productivity of doctors with the approach strategy.

Froa Walsh (2020), in his research o""Loss and Resilience in the Time of COVID-19: Meaning Making, Hope, and Transcendence" in Chicago, America, study arch discusses the effects of complex, traumatic losses caused by the Covid-19 pandemic. Based on the study of E. Gurel, T. Merba (2017,) in a SWOT analysis, organizations can choose a strategy that suits their needs. Strategic choice is associated with the vision, mission, goals, and analysis of the external and internal organization, and an organization is willing to make strategic choices. This is to explain that the organization can choose the theory of how to get a competitive advantage at nonregular and critical times. And the final step of this process is to gain a competitive advantage from the chosen strategy.

#### **Research Findings**

Based on the results of the in deep Interview and the results of the Forum Group Discussion (FGD) on the analysis of the utility and productivity measurement of general practitioners from

December 2019 to May 2020, it was found that the utility had a very significant decrease in the standard of working hours and the number of working days. Likewise, the Productivity of general practitioners in both inpatient and outpatient posts for the period December 2019 to May 2020 showed a decrease in Productivity. Furthermore, the existing SWOT results indicate a need for a strategy to be implemented by the Hospital Pavilion in responding to the decline in patients, utility, and Productivity of general practitioners at the Hospital Pavilion. Furthermore, the authors explain that the findings are so that the Pavilion can determine alternative cross-selling and up-selling strategies Because this strategy can increase the income and utilization, and Productivity of general practitioners so that it can help doctors impairing the COVID-19 pandemic, besides that the Pavilion needs to update workload and productivity monitoring as well as available practit utility lities day whilst also. This is necessary so that all doctors knowing the accurate productivity results is not based on assumptions and estimates alone, as well as the need to monitor income from medical services to assess the level of doctor's satisfaction with their income.

#### **Research Limitations**

Based on the results of this study, there are several limitations in the study, namely the difficulty of researchers to access financial and confidential data where the data can describe and strengthen the result of the investigation study. The data is data on action fees and data from doctors dealing with actual patients. This is related to expenditures and expenses that are confidential and cannot be published by the company.

### **V. CONCLUSIONS, IMPLICATIONS, AND SUGGESTIONS**

Based on the calculation of the utilization and Productivity of general practitioners, it can be seen that the utilization of general practitioners. Especially at outpatient posts, it looks minimal compared to inpatient posts. This is due to the effect of inpatient visits being greater than outpatients. Besides that, after a reduction in doctors with age > 50 years due to the high risk of covid 19 instead shows increased utility and Productivity even though overall it is still below the standard of utilization and productivity measurement. Besides that, from the SWOT analysis results, it can be seen that the strength of the Pavilion is strong enough to face the Covid 19 pandemic conditions. It remains necessary to determine the right strategy to increase income and close the gap in decreasing utilization and Productivity of general practitioners. The Pavilion needs to diversify service products and services to survive, and the utility and Productivity of general practitioners who are already good can do maintained. Besides that, stay any can still survive in the face of any conditions in the future.

### **VI. IMPLICATIONS**

Based on profound Interviews Forum Group Discussion (FGD) conclusions, the researcher can suggest theoretical implications. The suitable action of the correct QSPM strategy method can affect the achievement of utility activity general practitioners. Daily conditions have not yet maximized the utility and Productivity of general practitioners, so Management makes sure this day today so that accurate results can be obtained using the latest theoretical references. Theoretically, there are differences in measurement, so that there is a need for another analysis using the latest and updated theory. While the practical implications

This research is used as input for the Management at the hospital in fixing the utility and Productivity of doctors in general. Considering that quality human resources, if the service is not optimal, will impact experiencing loss of income and engagement with the doctor. Then the relevant sections in the Pavilion, such as the marketing and business development department, must make an accurate strategy in maximizing the utilization and Productivity of general practitioners by creating a business unit that maximizes general practitioners. In addition, Management improves digitization-based services such as online consultation or other online medical services.

### **VII. SUGGESTION**

Based on the results of this study, there are several things that the authors recommend as input for Management utility and Productivity on a day-to-day basis to get maximum results. The need for other disposables is also measured to determine the efficiency of health services. For general practitioners, they can provide input and opinions to increase the utility and Productivity of general practitioners to hospital management. Further researchers should carry out research that focuses more on utility and productivity indicators that do not exist in this study. Such as lean Management analysis in revealing utility and Productivity such as in terms of medical benefits, action services, and other parameters that also

contribute to further reinvestigation for further research, the need for the effectiveness of online consultation.

#### DAFTAR PUSTAKA

- [1]. Andersen. (1975). Utilization of the within-2 year line for initiating cationic cyclizations. In *Tetrahedron Letters* (Vol. 51, p. 4547).
- [2]. Azwar, A. (1996). "Menjaga mutu pelayanan kesehatan." Jakarta: Pustaka sinar harapan.
- [3]. CNBC. (2020). Coronavirus emerged in Italy earlier than thought, a study shows. Retrieved from PUBLISHED SUN, NOV 15 2020 2:43 PM EST website: <https://www.cnbc.com/amp/2020/11/15/coronavirus-emerged-in-italy-earlier-than-thought-study-shows.html>
- [4]. Cockerham, William C., et al. (1980)"Minor Ailments and Illness Behavior among Physician." *Medical Care*, vol. 18, no. 2, 1980, pp. 164–173. JSTOR,18. Retrieved from [www.jstor.org/stable/3764043](http://www.jstor.org/stable/3764043) and accessed November 9, 2020.
- [5]. Gilarso, T. (2003). *Pengantar Ilmu Ekonomi Mikro, Edisi Revisi, Kanisius, Yogyakarta*.
- [6]. Hershberger, M. (1999). *A Christian view of hospitality: Expecting surprises. Herald Press, 1999*.
- [7]. IDI, P. (2020). Pedoman Standar Perlindungan Dokter di Era Covid-19. *Ikatan Dokter Indonesia*, 40.
- [8]. Lestari, R, et al. (2017). Pemanfaatan Parking Stand Di Bandar Udara Husein Sastranegara Bandung. *Jurnal Manajemen Bisnis Transportasi Dan Logistik*, 3(3), 361–366.
- [9]. Lupiyoadi, & Rambat. (2001). *Manajemen Pemasaran Jasa (Teori dan Praktik). Jakarta: Salemba Empat*.
- [10]. Mancia, G., Rea, F., Ludernani, M., Apolone, G., & Corrao, G. (2020). Renin–Angiotensin–Aldosterone System Blockers and the Risk of Covid-19. *New England Journal of Medicine*, 382(25), 2431–2440. <https://doi.org/10.1056/nejmoa2006923>
- [11]. PERMENKES RI 30. PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA NOMOR 30 TAHUN 2019 TENTANG KLASIFIKASI DAN PERIZINAN RUMAH SAKIT. , 4 Kementerian Kesehatan § (2019).
- [12]. Respati, T., & Rathomi, H. S. (2020). Bunga Rampai Artikel Penyakit Virus Korona ( COVID-19 ). *Kopidpedia*, 203–215. Retrieved from [http://repository.unisba.ac.id:8080/xmlui/bitstream/handle/123456789/26743/fulltext\\_bc\\_16\\_ferandi\\_kopidpedia\\_fk\\_p2u\\_unisba\\_2020.pdf?sequence=1](http://repository.unisba.ac.id:8080/xmlui/bitstream/handle/123456789/26743/fulltext_bc_16_ferandi_kopidpedia_fk_p2u_unisba_2020.pdf?sequence=1)
- [13]. Saranga, E., & Ciptono., M. M. W. S. (2000). "Analisis efisiensi proses layanan dan kualitas pelayanan rumah sakit :: Penerapan data envelopment analysis (DEA) dan model Servqual (GAP 5)." *Computer Science*.
- [14]. Satgas, & Covid-19. (2020). Data Sebaran Covid 19 Global dan Indonesia 18 November 2020. Retrieved from <https://covid19.go.id/> website: <https://covid19.go.id/>
- [15]. Sugiarto, & Dkk. (2007). *Ekonomi Mikro, PT. Gramedia Pustaka Utama, Jakarta*.
- [16]. Wachtel, T. J., Wilcox, V. L., Moulton, A. W., Tammara, D., & Stein, M. D. (1995)Physicians' utilization of health care. *Journal of General Internal Medicine*, 10(5), 261–265. <https://doi.org/10.1007/BF02599883>
- [17]. Werdhani, R. A., Prasetyani-Gieseller, M., Retno, K. :, & Werdhani, A. (2020). Peran Dokter Keluarga Pada Masa Pandemi COVID-19: Penanganan di Indonesia dan Jerman. *J Indon Med Assoc*, 70(6), 70. Retrieved from <http://mki-ojs.idionline.org/jurnal/article/view/260>
- [18]. Zhi, Z. J. H. H. X. Z. (2020). Chinese Association of Rehabilitation Medicine, Respiratory rehabilitation Committee of Chinese Association of Rehabilitation Medicine,Cardiopulmonary rehabilitation Group of Chinese Society of Physical Medicine and Rehabilitation. [Recommendations for Re. *PubMed PMID: 32125127., E029*(Mar 3, 2020).
- [19]. Notoatmodjo S. *Ilmu Kesehatan Masyarakat: Prinsip-Prinsip Dasar*. Jakarta: PT Rinneka Cipta; 2003.
- [20]. Hariyanti RE. *Analisis Strategi Pemasaran PelayananSkinMedical Center di Rumah Sakit PKU Muhammadiyah Yogyakarta*. *Jurnal Kesehatan Masyarakat*. 2010; 4: 76-82.
- [21]. Philip K dan Lane KK. *Manajemen Pemasaran*. Jakarta: Erlangga; 2009.
- [22]. Hafizurrachman. *Kepuasan Pasien dan KunjunganRumah Sakit*. *Jurnal Kesehatan Masyarakat Nasional*.2009; 4(1): 10-17.

[23]. Singh H. *The Importance of Customer Satisfaction concerning Customer Concerning and Retention*. [Working Paper]. Asia Pacific University College of Technology & Innovation Technology Park, Malaysia. 2006.

[24]. Aga NA, Hendrartini J, dan Margo V. *Perbandingan Tingkat Kepuasan Peserta Askes Wajib dan Sukarela terhadap Mutu Pelayanan Kesehatan Tingkat I*. Jurnal Manajemen Pelayanan Kesehatan. 2005; 8(4): 183-190.

[25]. Suharmiati dan Didik B. *Analisis Faktor-faktor yang Mempengaruhi Tingkat Kepuasan Responden Pengguna Rawat Jalan Rumah Sakit Pemerintah di Indonesia*. Buletin Penelitian Sistem Kesehatan. 2007;10(2): 123-130.

[26]. Trisnantoro L. *Memahami Ilmu Ekonomi dalam Manajemen Rumah Sakit*. Yogyakarta: Gajah Mada University Press; 2009.

[27]. Aprilya V. *Pengaruh Dimensi Kualitas Pelayanan terhadap Kepuasan Pelanggan J.Co Cabang Padang*. Jurnal Manajemen. 2013; 2(1): 9.

[28]. Kriswidiati K, Sudiro S, dan Mawarni A. *Analisis Faktor-faktor Manajemen Pelayanan Rawat Jalan yang Mendukung Utilisasi Klinik Spesialis di Rumah Sakit Panti Wilasa Citarum Semarang*. [Tesis]. Universitas Diponegoro, Semarang. 2014.

[29]. The Development Assistance Critical Committee. *Glossary of Key Terms in Evaluation Results-Based Management Application*; 2010.

[30]. Syarifah D. *Feedback yang Berkelanjutan (Continuous Feedback) untuk Mendukung Penilaian Kinerja Efektif*. INSAN. 2012; 14(2): 120-126.

[31]. Bambang T. *Pengaruh Evaluasi Kerja terhadap Kinerja Karyawan (Studi Empirik di Bank Pengkreditan Rakyat Syariah Margirizki Yogyakarta)*. [Skripsi]. UIN Sunan Kalijaga, Yogyakarta. 2014

[32]. Lumbanraja P. *Pengaruh Pelatihan dan Karakteristik Pekerjaan terhadap Prestasi Kerja Perawat di Badan Pelayanan Kesehatan Rumah Sakit Umum Daerah Langsa*. Jurnal Manajemen dan Kewirausahaan. 2010; 12(2): 142-155.

Appendix 1

Data on the number of doctors in the Pavilion of Hospital  
 Table 4.2 General Practitioner Monthly Service Data  
 Outpatient Post for the Period of Dec 2019- May 2020

BULAN	DOKTER A	DOKTER B	DOKTER C	DOKTER D	DOKTER E	DOKTER F	DOKTER G	DOKTER H	DOKTER I	DOKTER J	DOKTER K	DOKTER L
DES 19	21	21	21	21	21	21	21	21	21	21	21	21
JAN 20	21	21	21	21	21	21	21	21	21	21	21	21
FEB 20	12	12	12	12	12	12	12	12	12	12	0	0
MAR 20	12	12	12	12	12	12	12	12	12	12	0	0
APR 20	12	12	12	12	12	12	12	12	12	12	0	0
MEI 20	12	12	12	12	12	12	12	12	12	12	0	0

Source: Patient Visit Data of X Hospital

Table 4.4 Data on Number of Inpatients per Doctor in Daily - Monthly Period Dec 2019 - May 2020  
 Inpatient Posts.

Table 4.6 General Practitioner Daily Service Data  
 Inpatient Post for the Period of Dec 2019- May 2020

NO	DOCTOR	7 HOURS X 60 MINUTES	SERVICE PER PATIENT (MINUTES)	DAILY SERVICE TIME					
				DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR A	420	10	305	243	128	93	205	221
2	DOCTOR B	420	10	305	243	128	93	205	221
3	DOCTOR C	420	10	305	243	128	93	205	221
4	DOCTOR D	420	10	305	243	128	93	205	221

Source: Patient Visit Data of X Hospital

**Table 4.7 General Practitioner Monthly Service Data Outpatient Post for the Period of Dec 2019- May 2020**

NO	DOCTOR	7 HOURS X 60 MINUTES	SERVICE PER PATIENT ( MINUTES )	MONTHLY SERVICE TIME					
		X 21 DAYS		DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR A	8820	10	6415	5110	1533	1120	2458	2655
2	DOCTOR B	8820	10	6415	5110	1533	1120	2458	2655
3	DOCTOR C	8820	10	6415	5110	1533	1120	2458	2655
4	DOCTOR D	8820	10	6415	5110	1533	1120	2458	2655

Source: Internal Data of the Pavilion of X Hospital.

**Table 4.8 General Practitioner Monthly Service Data Outpatient Post for the Period of Dec 2019- May 2020**

NO	DOCTOR	7 HOURS X 60 MINUTES X 21 DAYS	SERVICE PER PATIENT ( MINUTES )	DAILY SERVICE TIME					
				DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR E	420	10	21	50	80	76	120	150
2	DOCTOR F	420	10	21	50	80	76	120	150
3	DOCTOR G	420	10	21	50	80	76	120	150
4	DOCTOR H	420	10	21	50	80	76	120	150
5	DOCTOR I	420	10	21	50	80	76	120	150
6	DOCTOR J	420	10	21	50	80	76	120	150
7	DOCTOR K	420	10	21	50	LAY OFF > 50 YEARS			
8	DOCTOR L	420	10	21	50	LAY OFF > 50 YEARS			

Source: Internal Data of the Pavilion, X Hospital.

**Table 4.9 General Practitioner Monthly Service Data Outpatient Post for the Period of Dec 2019- May 2020**

NO	DOCTOR	7 HOURS X 60 MINUTES	SERVICE PER PATIENT ( MINUTES )	MONTHLY SERVICE TIME					
		X 21 DAYS		DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR E	8820	10	433	1053	961	908	1437	1796
2	DOCTOR F	8820	10	433	1053	961	908	1437	1796
3	DOCTOR G	8820	10	433	1053	961	908	1437	1796
4	DOCTOR H	8820	10	433	1053	961	908	1437	1796
5	DOCTOR I	8820	10	433	1053	961	908	1437	1796
6	DOCTOR J	8820	10	433	1053	961	908	1437	1796
7	DOCTOR K	8820	10	433	1053	LAY OFF > 50 YEARS			
8	DOCTOR L	8820	10	433	1053	LAY OFF > 50 YEARS			

Source: Internal Data of the Pavilion of X Hospital.

**Table 4.10 Monthly Actual Utilization Service Data for General Practitioners in Monthly Inpatient Posts for the Period of Dec 2019- May 2020**

NO	DOCTOR	7 HOURS X 60 MINUTES	SERVICE PER PATIENT ( MINUTES )	% SERVICE TIME UTILITES					
		X 21 DAYS		DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR A	8820	10	73%	58%	17%	13%	28%	30%
2	DOCTOR B	8820	10	73%	58%	17%	13%	28%	30%
3	DOCTOR C	8820	10	73%	58%	17%	13%	28%	30%
4	DOCTOR D	8820	10	73%	58%	17%	13%	28%	30%

Source: Data Processed by the Author

**Table 4.11 Data on Actual Utilization of Monthly Services for General Practitioners, Monthly Outpatient Posts for the Period of Dec 2019- May 2020**

NO	DOCTOR	7 HOURS X 60 MINUTES	SERVICE PER PATIENT ( MINUTES )	% SERVICE TIME UTILITES					
		X 21 DAYS		DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR E	8820	10	5%	6%	2%	1%	2%	2%
2	DOCTOR F	8820	10	5%	6%	2%	1%	2%	2%
3	DOCTOR G	8820	10	5%	6%	2%	1%	2%	2%
4	DOCTOR H	8820	10	5%	6%	2%	1%	2%	2%
5	DOCTOR I	8820	10	5%	6%	2%	1%	2%	2%
6	DOCTOR J	8820	10	5%	6%	2%	1%	2%	2%
7	DOCTOR K	8820	10	5%	6%				
8	DOCTOR L	8820	10	5%	6%				

Source: Internal Data of the Pavilion, f X Hospital.

**Table 4.13 Data on Monthly Service Loss Utilization of General Practitioners, Monthly Outpatient Posts for the Period of Dec 2019- May 2020**

NO	DOCTOR	7 HOURS X 60 MINUTES	SERVICE PER PATIENT ( MINUTES )	% SERVICE TIME UTILITES					
		X 21 DAYS		DEC	JAN	FEB	MAR	APR	MAY
1	DOCTOR E	8820	10	5%	12%	11%	10%	16%	20%
2	DOCTOR F	8820	10	5%	12%	11%	10%	16%	20%
3	DOCTOR G	8820	10	5%	12%	11%	10%	16%	20%
4	DOCTOR H	8820	10	5%	12%	11%	10%	16%	20%
5	DOCTOR I	8820	10	5%	12%	11%	10%	16%	20%
6	DOCTOR J	8820	10	5%	12%	11%	10%	16%	20%
7	DOCTOR K	8820	10	5%	12%				
8	DOCTOR L	8820	10	5%	12%				

Source: Patient Visit Data of X Hospital

Table 4.12 Actual Utilization Data for General Practitioners Monthly Inpatient Posts for the Period Dec 2019- May 2020

NO	DOCTOR	7 HOURS X 60 MINUTES X 21 DAYS	SERVICE PER PATIENT ( MINUTES )	% UNUSED UTILITIES					
				DEC	JAN	FEB	MAR	APRIL	MAY
1	DOCTOR A	8820	10	27%	42%	83%	87%	72%	70%
2	DOCTOR B	8820	10	27%	42%	83%	87%	72%	70%
3	DOCTOR C	8820	10	27%	42%	83%	87%	72%	70%
4	DOCTOR D	8820	10	27%	42%	83%	87%	72%	70%

Source: Patient Visit Data of X Hospital

Table 4.14 Data on Monthly Service Loss Utilization of General Practitioners, Monthly Outpatient Posts for the Period of Dec 2019- May 2020

NO	DOCTOR	7 HOURS X 60 MINUTES X 21 DAYS	SERVICE PER PATIENT ( MINUTES )	% UNUSED UTILITIES					
				DEC	JAN	FEB	MAR	APRIL	MAY
1	DOCTOR E	8820	10	95%	94%	98%	99%	98%	98%
2	DOCTOR F	8820	10	95%	94%	98%	99%	98%	98%
3	DOCTOR G	8820	10	95%	94%	98%	99%	98%	98%
4	DOCTOR H	8820	10	95%	94%	98%	99%	98%	98%
5	DOCTOR I	8820	10	95%	94%	98%	99%	98%	98%
6	DOCTOR J	8820	10	95%	94%	98%	99%	98%	98%
7	DOCTOR K	8820	10	95%	94%				
8	DOCTOR L	8820	10	95%	94%				

Source: Internal Data of the X Hospital

Table 4.15 Data on Standard Patient Services for General Practitioners, Inpatient and Outpatient Posts for the Period of Dec 2019- May 2020

NO	DOCTOR	JAM KERJA	STANDARD AMOUNT OF PATIENTS SERVED					
			DEC	JAN	FEB	MAR	APRIL	MAY
<b>INPOSITION POSTS</b>			<b>2566</b>	<b>2044</b>	<b>613</b>	<b>448</b>	<b>983</b>	<b>1062</b>
1	DOCTOR A	420	42	42	42	42	42	42
2	DOCTOR B	420	42	42	42	42	42	42
3	DOCTOR C	420	42	42	42	42	42	42
4	DOCTOR D	420	42	42	42	42	42	42
NO	DOCTOR	JAM KERJA	STANDARD AMOUNT OF PATIENTS SERVED					
			DEC	JAN	FEB	MAR	APRIL	MAY
<b>INPOSITION POSTS</b>			<b>346</b>	<b>409</b>	<b>115</b>	<b>68</b>	<b>1154</b>	<b>90</b>
1	DOCTOR E	420	42	42	42	42	42	42
2	DOCTOR F	420	42	42	42	42	42	42
3	DOCTOR G	420	42	42	42	42	42	42
4	DOCTOR H	420	42	42	42	42	42	42
5	DOCTOR I	420	42	42	42	42	42	42
6	DOCTOR J	420	42	42	42	42	42	42
7	DOCTOR K	420	42	42				
8	DOCTOR L	420	42	42				
NO OF HOSPITALIZED PATIENTS			168	168	168	168	168	168
NO OF OUTPATIENTS			336	336	252	252	252	252

Source: Patient Visit Data of X Hospital

Table 4:16 Actual Data of Patient Services per Day General Physician Outpatient Post

NO	DOKTER	JAM KERJA	ACTUAL JML PASIEN YANG DILAYANI					
			DES	JAN	FEB	MAR	APRIL	MEI
<b>POS RAWAT INAP</b>			<b>2566</b>	<b>2044</b>	<b>613</b>	<b>448</b>	<b>983</b>	<b>1062</b>
1	DOKTER A	420	31	24	13	9	20	22
2	DOKTER B	420	31	24	13	9	20	22
3	DOKTER C	420	31	24	13	9	20	22
4	DOKTER D	420	31	24	13	9	20	22
NO	DOKTER	JAM KERJA	ACTUAL JML PASIEN YANG DILAYANI					
			DES	JAN	FEB	MAR	APRIL	MEI
<b>POS RAWAT JALAN</b>			<b>346</b>	<b>409</b>	<b>115</b>	<b>68</b>	<b>114</b>	<b>90</b>
1	DOKTER E	420	2	2	2	1	2	1
2	DOKTER F	420	2	2	2	1	2	1
3	DOKTER G	420	2	2	2	1	2	1
4	DOKTER H	420	2	2	2	1	2	1
5	DOKTER I	420	2	2	2	1	2	1
6	DOKTER J	420	2	2	2	1	2	1
7	DOKTER K	420	2	2	0	0	0	0
8	DOKTER L	420	2	2	0	0	0	0
Jumlah Pasien Rawat Inap			122	97	51	37	82	89
Jumlah Pasien rawat jalan			16	19	10	6	10	8

Source: Patient Visit Data of X Hospital

Table 4.17 Productivity data

NO	DOCTOR	JAM KERJA	PRODUCTIVITY					
			DEC	JAN	FEB	MAR	APRIL	MAY
INPOSITION POSTS			2566	2044	613	448	983	1062
1	DOCTOR A	420	73%	58%	30%	22%	49%	54%
2	DOCTOR B	420	73%	58%	30%	22%	49%	54%
3	DOCTOR C	420	73%	58%	30%	22%	49%	54%
4	DOCTOR D	420	73%	58%	30%	22%	49%	54%
NO	DOCTOR	JAM KERJA	PRODUCTIVITY					
			DEC	JAN	FEB	MAR	APRIL	MAY
INPOSITION POSTS			346	409	115	68	1154	90
1	DOCTOR E	420	5%	6%	4%	2%	4%	3%
2	DOCTOR F	420	5%	6%	4%	2%	4%	3%
3	DOCTOR G	420	5%	6%	4%	2%	4%	3%
4	DOCTOR H	420	5%	6%	4%	2%	4%	3%
5	DOCTOR I	420	5%	6%	4%	2%	4%	3%
6	DOCTOR J	420	5%	6%	4%	2%	4%	3%
7	DOCTOR K	420	5%	6%				
8	DOCTOR L	420	5%	6%				
NO OF HOSPITALIZED PATIENTS			73%	58%	30%	22%	49%	54%
NO OF OUTPATIENTS			5%	6%	4%	2%	4%	3%

Source: Patient Visit Data of X Hospital

Table 4.14 Matrix EFE (External Factor Evaluation)

No	OPPORTUNITY	Weight	Rating	Total
1	There is a general practitioner utilization strategy	0.12	4	0.48
2	The existences of cross-selling and up-selling opportunities within the institution business to absorb utilization and productivity	0.12	3	0.36
3	there are opportunities to create new profitable businesses general practitioners	0.12	4	0.56
4	increased revenue	0.12	4	0.48
THREAT				
1	hijacking of general practitioners	0.13	3	0.39
2	demotivating general practitioners	0.12	4	0.48
3	reduction in income other than the salary received by doctors	0.12	3	0.36
4	service change from conventional to digital	0.13	4	0.52
TOTAL		1		3.63

Source: Data Processed by the Author

Table 4.15 IFE (Internal Factor Evaluation) Matrix

No	STRENGTH	Weight	Rating	Total
1	Have quality human resources	0.12	3	0.36
2	Complete and qualified hospital equipment	0.14	2	0.28
3	as a large and complete type A hospital	0.15	4	0.6
4	service conditions and buildings that have quality standards	0.1	4	0.4
WEAKNESS				
1	As a result of Covid, patient visits have decreased dramatically due to fear of contracting them	0.09	2	0.18
2	the lack of maximum utilization and productivity of general practitioners at the post inpatient	0.12	3	0.48
3	lack of maximum utilization and productivity of general practitioners at the outpatient post	0.13	4	0.52
4	Hierarchical management causes slow bureaucratic processes in responding to changes caused by a pandemic	0.15	3	0.45
TOTAL		1		3.27

Source: Data Processed by the Author



Table 4.16 SWOT Matrix

Matching Stage SWOT	Strengths - S		Weakness - W	
	S1	Memiliki SDM Dokter yang berkualitas	W1	Akibat Covid Kunjungan Pasien menurun drastis akibat ketakutan temalar.
	S2	Perengkapan Rumah Sakit Yang Lengkap dan Mumpuni	W2	Kurang maksimalnya utilisasi dan produktivitas dokter umum di pos rawat inap
	S3	Sebagai Rumah Sakit Type A yang besar dan lengkap	W3	Kurang maksimalnya utilisasi dan produktivitas dokter umum di pos rawat jalan
	S4	Kondisi bangunan dan Layanan yang memiliki standar baku mutu berkualitas.	W4	Manajemen yang hirarki menyebabkan proses birokrasi lambat dalam menyikapi perubahan akibat pandemi.
Opportunities - O			WO Strategies	
O1	Adanya strategi utilisasi dokter umum Merancang aplikasi dalam mempermudah pelayanan untuk layanan kesehatan (S1, O3, O4)			
O2	Adanya peluang cross selling dan up selling dalam institusi bisnis untuk menyerap utilisasi dan produktivitas Bekerjasama dengan Perusahaan (S2, S3, S8, O4)		Memanfaatkan media sosial untuk memperluas jangkauan informasi dan promosi (W1, O3, O4)	
O3	Adanya peluang pembuatan bisnis baru yang bisa mendayagunakan dokter umum			
O4	Peningkatan pendapatan			
Threats - T			WT Strategies	
T1	Pembukaan Dokter Umum		Ginjalisisi SDM Dokter (S1, S2, S3, S4)	
T2	Demotivasi Dokter Umum		Meningkatkan knowledge terkait tentang teknologi informasi berbasis digital dan peningkatan layanan (W3, T3, T4, T5)	
T3	Pengurangan pendapatan selain gaji yang diterima dokter		Membuat Diversifikasi Usaha Kesehatan (S1, S2, S3, S4, T1, T2)	
T4	Perubahan Pelayanan dari konvensional ke digital		Strategi Marketing digital (S1, S2, S3, S4, T3, T3))	

Source: Data Processed by the Author

Table 4:17 QSPM Pavilion RS X

Key factor		Weight	New Business Digital		CARCROSS-SELLING UP-SELLING	
No	Strength		AS	TAS	AS	TAS
1	there is a general practitioner utilization strategy	0.07	2	0.14	3	0.21
2	There are cross-selling and up-selling opportunities in business, institutions to absorb utilization and productivity	0.1	2	0.2	2	0.2
3	there are opportunities to create new profitable businesses general practitioners	0.1	4	0.4	3	0.3
4	increased revenue	0.09	3	0.27	2	0.18
<b>Threat</b>						
1	hijacking of general practitioners	0.07	2	0.14	2	0.14
2	demotivating general practitioners	0.06	3	0.18	2	0.12
3	reduction in income other than the salary received by doctors	0.06	3	0.18	3	0.18
4	service change from conventional to digital	0.07	2	0.14	3	0.21
<b>Strenght</b>						
1	Have quality human resources	0.07	3	0.21	3	0.21
2	Complete and qualified hospital equipment	0.06	2	0.12	4	0.24
3	as a large and complete type A hospital	0.1	3	0.3	4	0.4
4	service conditions and buildings that have quality standards	0.09	3	0.27	3	0.27
<b>Weakness</b>						
1	As a result of Covid, patient visits have decreased dramatically due to fear of contracting them	0.05	2	0.1	3	0,15
2	the lack of maximum utilization and Productivity of general practitioners at the post inpatient	0.08	2	0.16	2	0,16
3	lack of maximum utilization and Productivity of general practitioners at the outpatient post	0.02	4	0.08	2	0.04

4	Hierarchical Management bureaucratic processes in responding to changes caused by a pandemic	0.03	3	0.09	3	0.09
	Total	1		2.98		3.1

Source: Data Processed by the Author

Table 4.18 SWOT

	USUALLY POSITIVE	Usually Negative
<b>INTERNAL</b>	<b>Strength</b>	<b>weakness</b>
	1. Have a qualified doctor with more than experience 5 years at the central hospital / Type A with disease management complex	1. Conditions for the spread of covid are still high, causing visits the patient decreases
	2. Complete and qualified hospital equipment	2. Less maximal utility and productivity of general practitioners hospitalized
	3. As a type A hospital which is a referral hospital highest or central hospital with completeness and facilities capable	3. Lack of maximum utility and productivity of general practitioners on an outpatient basis
	4. Building conditions and services that have quality standards quality following the provisions of the central hospital or type A	4. Hierarchical management so that the bureaucratic process is slow in deep responding to the changing situation of the Covid pandemic 19
<b>EXTERNAL</b>	<b>OPPORTUNITY</b>	<b>THREAT</b>
	1. the need for a strategy for the utilization of general practitioners at Paviliun Kartika	1. hijacking of general practitioner human resources
	2. create cross-selling and up-selling with cooperation business institutions in absorbing utilization and productivity general practitioners	2. Demotivation of General Practitioners
	3. There is an opportunity to create a usable business unit general practitioners	3. reduction of income other than the salary received by general practitioners
	4. Increase in Paviliun Kartika's revenue	4. There is a change in service from conventional to digital

Source: Data Processed by the Author

Doctor	Age	Employee status	Lenght of working
Doctor A	35 Years Old	Contract	8 years
Doctor B	34 Years Old	Contract	8 years
Doctor C	30 Years Old	Contract	5 years
Doctor D	30 Years Old	Contract	5 years
Doctor E	28 Years Old	Contract	3 Years
Doctor F	28 Years Old	Contract	3 Years
Doctor G	27 Years Old	Contract	2 Years
Doctor H	27 Years Old	Contract	2 Years
Doctor I	60 Years Old	Permanent Employee	30 years
Doctor J	62 Years Old	Permanent Employee	32 years
Doctor K	58 Years Old	Permanent Employee	25 years
Doctor L	54 Years Old	Permanent Employee	25 years