

## ANALYSIS OF INDICATORS (BOR, AVLOS, TOI, BTO, GDR, and NDR) CHILDREN'S SPACES IN IMPROVING HEALTH SERVICES

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### A B S T R A C T

*Buton District Hospital is a hospital that applies bed service indicators. The children's room is one type of health service available by the Buton Regency Regional Hospital which has an increasing number of patients along with cases of Extraordinary Events (KLB), for example in cases of fever where in Extraordinary Cases the use of beds in the children's room causes AVLOS and BTO values increases. This research aims to calculate indicators (BOR, AVLOS, TOI, BTO, GDR, and NDR) in child care rooms in improving health services at Buton Regency Regional Hospital in 2023. This research uses quantitative research methods with a descriptive approach. The variables used in this research are the use of beds in the child care room, the Barber Johnson Chart, BOR, AVLOS, TOI, and BTO. Based on the overall research results, namely the use of beds in children's rooms in 2023 with a BOR value of 24.95%, AVLOS of 3.1 days, TOI of 9.42 days, and BTO of 29.04 times. The Barber Johnson chart in the children's room at Buton District Hospital does not meet the ideal standards of the Barber Johnson chart.*

## INTRODUCTION

The clinic is an open health service that provides community welfare services that include promotive, preventive, healing and rehabilitative services that provide inpatient, outpatient, and crisis services. One of the hospital's recovery and rehabilitative efforts is the arrangement of inpatient administration. (Permenkes RI No.129/Menkes/SK/II/2018).

Inpatient services are services for patients who are undergoing recovery, protection, treatment or healing who have to stay overnight and use beds and receive nutrition and non-stop service. Inpatient services will be able to affect the level of effectiveness of the clinic which aims to restore the condition of the suffering patient. The inpatient unit is a very important part of the clinic, as most of the remuneration that the clinic receives comes from the inpatient organization. In maintaining the effectiveness of inpatient services, a medical record unit is needed that is able to support the achievement of organizational adequacy (Rusdiyanto, 2010).

The daily inpatient census is an act of proof of inpatient identity that is carried out every day from each party and contains the exchange of patients who are close and active for 24 hours from 00.00 to 24.00 which is then submitted to the medical records department. for a nutshell. The daily inpatient census is carried out to find out the number of inpatients, patients who have left the clinic, both living and dead, and to determine the number of beds used in a certain period of time. . , as well as knowing the number of beds used in a certain period. at a certain time. When examining the number of welfare benefit rooms or the work environment, in planning the methodology of the daily inpatient census is at a very basic level to determine the choice of clinic (Welfare Benefits of the Republic of Indonesia, 2005).

One of the problems in this clinic is the low level of comfortable bed utilization. Clinics can be a place for social welfare education where one of the improvement plans carried out in understanding the clinic is to calculate bed occupancy rate (TT). This is done through empowering the development of beds in the inpatient unit and the implementation of repairs. The source of data on the ins and outs of the healing center comes from the daily outpatient census, the daily inpatient census, the registration of each benefit unit, and medical records. The data sources that have been collected in the clinic will be compiled into reports on the interior and exterior of the clinic.

BLUD Buton Regency Hospital can be a clinic that applies bed excellence markers. The children's room is one of the health facilities available at the Cairo Buton Health Center where the number of patients continues to increase along with cases of Extraordinary Events (KLB), for example in cases of fever where in cases where the use of beds in the children's room is rare. room causes AVLOS and BTO scores to increase. Based on the arrangement ideas obtained at the BLUD of Buton Regency Hospital, it can be seen that the marker of bed efficiency in the inpatient treatment room has not been taken into account in the children's room, where one of the preparation plans carried out is to combine beds. Its use is successful in the children's room. inpatient care unit and managing its progress. The data sources that have been collected at the healing center will be compiled into reports inside and outside the healing center.

## METHODOLOGY

The research method used in this study is Quantitative research, the time period is carried out from April to May 2024 at BLUD Buton Regency Hospital. The place of research is in the BLUD medical record unit of Buton Regency Hospital. The population in this study is all inpatients in the children's room at the BLUD Buton Regency Hospital in 2023 totaling 624 patients. The sample used in this study is a saturated sample. The saturated sample is the total number of population calculated in the form of all inpatients in the pediatric care room at the BLUD Buton Regency Hospital in 2023. The method of data collection techniques uses interview, observation and documentation study methods. Data collection tools use interview guidelines, observation sheets.

## RESULTS & DISCUSSION

### Number of Bed Usage

From the emergence of standard calculations for the parameters for determining bed utilization in the BLUD environment of Buton Regency Hospital, the AVLOS, BOR and BTO values did not meet the perfect evaluation, especially the BOR value of 24.95%, where the top point was BOR. The rating is 75-85%, AVLOS 3.1 days where the AVLOS full circle assessment is 6 - 9 days, TOI 2 days where the perfect TOI assessment is 1 -3 days, and BTO 29.04 times where the perfect BTO assessment is 30 - 40 times in 1 year for 1 bed.

The number of patients per bed in a given period of time will be clearer if the BTO line is close to the inflection point (0.0), and if the BTO line is not at the inflection point (0.0), at that time the BTO will take fewer victims. BTO changes provide a beneficial increase in organizational productivity, as more patients are admitted without giving up beds or expanding inpatient spaces. Reduced BTO values can be caused by high AVLOS values or the length of time persistent treatments have been treated. In addition, it is also due to the price of TOI or the time to defecate with a long bed. The closer the BOR line is to the center of Y (AVLOS), the higher the BOR level. On the other hand, if the way BOR is made deviates from the Y hub, the misfortune caused will be lower. The smaller the TOI number, the shorter the bed utilization time after arranging the persister. On the other hand, the more basic the TOI number, the longer the number of days of cleaning the bed so that it will not be used profitably. This makes the bed less useful. Based on the day-to-day census examination of inpatients in children's rooms, the following pick-ups were obtained:

**Table 1.** SHRI Recapitulation Indicators in Children's Spaces

| No. | Indicator               | Value | Unit    |
|-----|-------------------------|-------|---------|
| 1.  | Day of care             | 1913  | Day     |
| 2.  | Long time to care for   | 1898  | Day     |
| 3.  | Patient exit (on + off) | 610   | Patient |
| 4.  | Number of beds          | 21    | Fruit   |
| 5.  | Era                     | 365   | Day     |

Source : Primary Data, 2024

In line with (Sudra, 2010), the explanation or reading of the Beautician Johnson chart is to look at the crossing points in the professional range. If Barber Johnson's focus is on the professional field, it means that the use of beds during the treatment period is inefficient. On the other hand, if Johnson's hairdresser's focus is beyond the range of profits, it means that using a bed in the middle of that period can be a waste.

Based on Azhratul Jannah's investigation of the assessment of the ability to utilize inpatient beds at the Sort B Community Welfare Center of Makssar City, an evaluation of the ability to utilize inpatient beds was carried out using the Johnson chart.

BOR, AVLOS, TOI, BTO, GDR, and NDR in the Children's Room Based on Barber Johnson Graph

The depiction on Johnson's hair makeup chart in the children's room has not met the benchmark, which must meet four parameters (BOR, AVLOS, TOI and BTO). It is usually caused by the non-fulfillment of four characteristic parameters (BOR, AVLOS, TOI and BTO) at one cut-off point which can indicate that the use of beds in the children's room at the BLUD of Buton Regency Hospital in 2023 is not feasible.

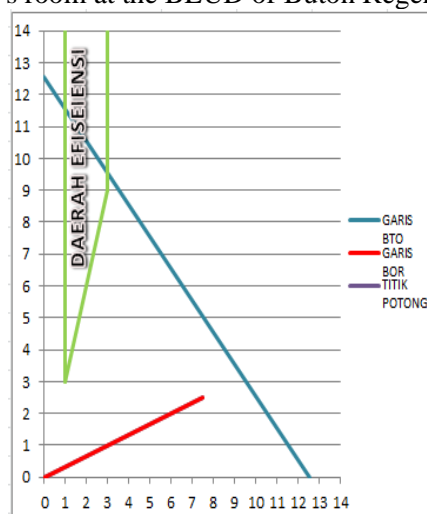


Figure 1. Barber Johnson Chart

Based on the practical description above, it can be seen that the BOR value is 24.95%, AVLOS is 3.1 days, TOI is 2 days, and BTO is 29.04 times. The four markers of bed productivity do not seem to meet their peak needs, namely BOR 75-85%, AVLOS 6-9 days, TOI 1-3 days, and BTO 30-40 times in 1 year.

On the Johnson chart, look at the position of the Johnson Barber point relative to the decline in the winning price. If Hair Beautician Johnson's focus is in the favorable range, it means that the use of the bed is within a period of time that is considered attractive. But if the midpoint of Johnson's chart is still outside the allowance, it means that using a bed in the middle of the period is pointless.

The Johnson graph can be used to compare the bed occupancy (TT) level of a unit (clinic or ward) over time over a period of time, filtering progress in achieving predetermined bed occupancy goals over a given time period. , compare the level of flexibility in the utilization of beds between units (for cases between wards in one clinic) in a certain period of time with satisfactory bed utilization (TT), and check the correctness of the calculation report of the acquisition of four beds. parameters that utilize capability

markers (TT), specifically BOR, AVLOS, TOI, and BTO. If the four auxiliary lines are cut at one point, it means that the calculations that occur in the report are balanced.

This view is reinforced by an investigation carried out by Nina Rahmadiliyani that the absence of four definite parameters at a single cut-off point can indicate that the use of beds in the inpatient care room in the children's room is futile.

## **CONCLUSION**

The BOR in the children's room at the Buton Regency Hospital of 29.45% has not reached the ideal BOR value of 75-85%. AVLOS in the children's room at the Buton Regency Hospital of 3.1 days has not reached the ideal value of AVLOS which is 6-9 days. The TOI in the children's room at the Buton Regency Hospital of 2 days has reached the ideal value of TOI, which is 1-3 days. The BTO in the children's room at the Buton Regency Hospital of 29.04 times has not reached the ideal BTO value of 30-40 times. This study has a problem limitation where the distance of the research location is quite far so that if the research data is lacking, the researcher must return to the research location, this makes the researcher feel difficulty in taking data.

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