

FACTORS AFFECTING THE QUALITY OF HOSPITAL BED OF OCCUPANCY LEVELS WITH THE QUALITY AND PATIENT SAFETY AN VARIABLE INTERVENING IN SIAGA RAYA HOSPITAL JAKARTA

Nurhayati¹, Ratna Indrawati²
Master of Hospital Administration, Esa Unggul University Jakarta
Arjuna Utara 9th Street Kebon Jeruk Jakarta 11510
ratna.indrawati@esaunggul.ac.id

Abstract

The increasing number of hospitals in South Jakarta that allowed people to choose health services according to the needs and desires. Hospital quality and service quality becomes an important condition for maintaining the existence of a private hospital. This study aims to identify and analyze the influence of the hospital to inpatient occupancy rate (BOR) with quality of care and patient safety as an intervening variable in Siaga Raya Hospital. This research method with quantitative approach survey methods and techniques causative type of hypothesis testing with structural analysis techniques Equation Modeling (SEM). The sample used as many as 200 respondents, taken by purposive sampling technique. The results showed that hospital quality affect the occupancy rate of hospitalization with the CR value of -3.329 ($p = 0.000 \leq 0.05$), hospital quality affect the quality of service by CR value of 6.407 ($p = 0.000 \leq 0.05$), quality hospitals affect the safety of patients with a CR value of 4.328 ($p = 0.000 \leq 0.05$), quality of service affect the occupancy rate of hospitalization with CR 1.111 ($p = 0.000 \leq 0.05$), whereas no effect on the safety of the patient care occupancy rate hospitalized with a value of 0.783 CR ($p = 0.434 \leq 0.05$).

Keywords: The quality of the hospital; service quality; patient safety; Bed Occupancy Rate.

Abstrak

Meningkatnya jumlah rumah sakit di Jakarta Selatan yang memungkinkan orang untuk memilih layanan kesehatan sesuai dengan kebutuhan dan keinginan. Kualitas rumah sakit dan kualitas layanan menjadi syarat penting untuk mempertahankan keberadaan rumah sakit swasta. Penelitian ini bertujuan untuk mengidentifikasi dan menganalisis pengaruh rumah sakit terhadap tingkat hunian rawat inap (BOR) dengan kualitas perawatan dan keselamatan pasien sebagai variabel intervening di Rumah Sakit Siaga Raya. Metode penelitian ini dengan pendekatan kuantitatif dengan metode survei dan teknik pengujian hipotesis jenis kausatif dengan teknik analisis struktural Equation Modeling (SEM). Sampel yang digunakan sebanyak 200 responden, diambil dengan teknik purposive sampling. Hasil penelitian menunjukkan bahwa kualitas rumah sakit mempengaruhi tingkat hunian rawat inap dengan nilai CR -3,329 ($p = 0,000 \leq 0,05$), kualitas rumah sakit mempengaruhi kualitas layanan dengan nilai CR 6,407 ($p = 0,000 \leq 0,05$), kualitas rumah sakit mempengaruhi keselamatan pasien dengan nilai CR 4,328 ($p = 0,000 \leq 0,05$), kualitas pelayanan mempengaruhi tingkat hunian rawat inap dengan CR 1,111 ($p = 0,000 \leq 0,05$), sedangkan tidak berpengaruh pada keselamatan tingkat hunian perawatan pasien dirawat di rumah sakit dengan nilai 0,783 CR ($p = 0,434 \leq 0,05$).

Kata kunci: Kualitas rumah sakit; kualitas layanan; keamanan pasien; Tingkat Hunian Tempat Tidur

Preliminary

According to WHO (World Health Organization), the hospital is an integral part of an organization's social and health with the function of providing complete services (comprehensive), healing (curative) and disease prevention (preventive) to the public. The hospital is also a training center for health workers and medical research centers. Based on the results of a preliminary survey with 10 inpatients well in the 2nd and 3rd floor in mind there are several problems were found that: 40% of patients complained about the response of nurses who did not know about the requirements desired by the patient for example, for a hot shower is not given container other. In the provision of information, education and identity bracelet lack of socialization, the patient has the perception of the use of identity bracelet of the patient is not vague complaints by 30% of patients, 30% of patients complained about the food not varied, 20% of patients complained about the schedule of doctor visit, 20% of patients complain about the cleanliness of the room which is less than the maximum in providing services, 40% of patients had to wait for administrative issues, 10% to give a clear explanation by the doctor was good, but the doctor visit is felt less, 60% patients were not given an explanation of the drug in detail mainly dose, because with the same name but different doses of the drug can occur, 50% of patients complained of explanation of identity bracelet is not clear, there is assumed that the bracelet to the present.

Standby Siaga Raya Hospital during the last three years the occupancy rate decreased significantly while the level of service quality is quite good. Mutu hospital is the degree of perfection of service of health care services in accordance with professional standards and service standards by using the potential of the resources available at the hospital fairly, efficiently and effectively and be safely and satisfactorily norms, ethical, legal and social culture with regard limitations and the ability of

governments and public consumers (Herlambang, 2016).

The purpose of this study was to determine the factors that influence the quality level of the hospital occupancy rate of hospitalization with the quality of care and patient safety as an intervening variable in the Hospital Preparedness Raya. Kontribusi of this research is expected to be a useful input for the hospital management Standby Siaga Raya Hospital in order to improve the quality of the hospital with the quality of care and patient safety thereby increasing the occupancy rate of hospitalization. The research was done because of the urge to raise the occupancy rate of the patient and makes the Siaga Raya Hospital into hospitals prioritize quality to hospital with a high quality of care and patient safety is always applied in providing services in accordance with existing standards.

Literature Review

The occupancy rate of hospitalization (Bed Occupancy Rate)

Barber Johnson (1971) have created a method for assessing the performance of hospitals is one of them Bed Occupancy Rate (BOR) or occupancy of the bed. Value ideally by Barber Johnson is 75-85%. BOR according to Huffman (1994) is "the ratio of patient service days to inpatient service days to inpatient bed count days in a period under consideration". Factors affecting the BOR are numerous and complex, but basically can be grouped into two: internal factors and external factors Hospital. For the internal factors are: Hospital culture, system of values, leadership, management systems, information systems, infrastructure, human resources, marketing, image, and others. While the included external factors is the geographic location, socio-economic condition of consumers, cultural, suppliers, competitors, government policy, regulation and others.

Quality Hospital

Quality according to the WHO is a system that should make improvements, including effective, efficient, accessible, patient-centered care, fair and aman. Crosby (2003) describes the quality is the degree of compliance with established standards. According to Azrul Azwar (1996) explains that health care is organized every effort individually or together in an organization to maintain and promote health, prevent and treat pemyakit and restore the health of individuals, groups and or society.

According to WHO (World Helath Organization), the hospital is an integral part of an organization's social and health with the function of providing complete services (comprehensive), healing (curative) and disease prevention (preventive) to the public. The hospital is also a training center for health workers and medical research centers. Hospital quality is an integral part of an organization's social and health with the function of providing complete services (comprehensive), healing (curative) and disease prevention (preventive) to the public. The hospital is also a training center for health workers and medical research center as well as a system that should make improvements, including effective, efficient, accessible, patient-centered care, fair and secure compliance with the standards propesi and services. (World Health Organization, 2006)

Service quality

Quality is a condition associated with the products, services, people, processes, environments that exceed expectations (Goetsh and Davis, in Fandy Tjiptono, 2008: 51). According Gronos service is an activity or series of activities that are invisible (intangible) that occurs as a result of the interaction between consumers and employees or other matters provided by the service provider company intended to solve the problems of the consumers / customers. According to Freddy Rangkuti (2009), the level of

service quality can not be judged based on the viewpoint of the company but should be viewed from the perspective of the customer ratings. Therefore, in formulating the strategy and program service, the company should be oriented to the interests of customers to pay attention to service quality components.

Low quality will cause dissatisfaction in customers, not just the customers who eat at the restaurant but also have an impact on others. Because of disappointed customers will tell at least to the 15 others. The impact will cast their potential customers to competitors (Lupiyoadi and Hamdani, 2006).

Customer perception of service quality can be measured and evaluated through service quality dimensions as stated by Zeithamal, Parasuraman and Berry (2009) as follows: (1) *Tangibles, physical evidence of the service facilities such as the physical appearance of service providers, tools or equipment use to provide the service, physically presentation of the services; Reliability, ability to perform the promised service dependably and accurately;* (3) *Responsiveness, willingness or readiness of employees to provide service;* (4) *Assurance, knowledge and courtesy of service employee and their ability to Convey trust and confidence;* (5) *Empathy, caring and individualized attention provide to customers,*

1. Patient safety

World Health Organization (2009) describes bahwakeselamatan patient is the reduction of risk of unnecessary danger associated with health care up to the minimum diterima. Menurut Wachter (2008) patient safety as a fundamental concern reducing preventable adverse events in health care. While patient safety is no 7 standard, 6 goals, 7 langkah. 6 Safety Goals are: 1. Identify the patient correctly, 2. Increasing effective communication, security 3. meningkatkan drugs should be aware, the correct surgical site 4. Memastikan , the correct procedure,

surgery on the correct patient, 5. Reduce the risk of infection as a result of health care 6, Reducing the risk of patient injury due to falls.

Research Methods

1. Population and Sample

The population in this study were all patients who come to be treated in the Hospital Preparedness Siaga Raya Hospital in the period from June to August 2018 a total of 300. The minimum number of samples taken is five times the number of questions that were analyzed, namely: $(5 \times 30) + 10\% (5 \times 30) = 165$, rounded up to 170 respondents. A sample of respondents is the patients treated at the treatment room 2nd floor and 3rd floor of the Hospital Preparedness Siaga Raya Hospital using identity bracelet

2. Mechanical sampling

The sampling technique used in this research is purposive sampling, the

sampling method is based on criteria set by the researchers.

3. Types of research

Causative type of testing hypotheses with quantitative approach, aimed to determine the effect, or the relationship between two or more variables.

4. Identification Variables

There are three variables in this study are: endogenous variables, the occupancy rate of hospitalization and exogenous variables is the quality of service, while patient safety and patient satisfaction intervening variables.

5. Data collection technique

Data collection techniques in this study using a questionnaire.

6. Data analysis

Analysis of the data used is the analysis of Structural Equation Modeling (SEM), the conceptual development based on the theory by building a path diagram as shown below:

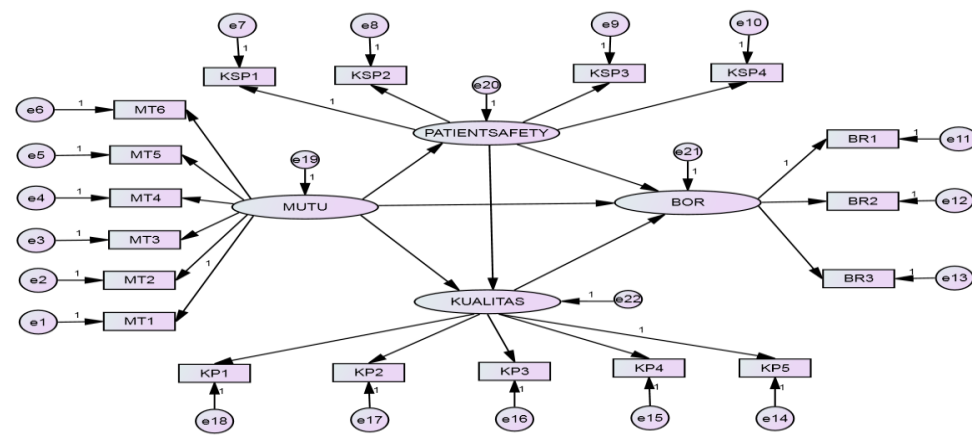


Figure 1. Methods

The hypothesis of this study are as follows:

- H1 : Quality of service positive effect on the occupancy rate of hospitalization.
- H2 : Quality of service positive effect on patient satisfaction
- H3 : Service quality has a positive effect on patient safety.
- H4 : Patient satisfaction effect on the occupancy rate of hospitalization

H5 : patient safety affects the occupancy rate of hospitalization

Results and Discussion

Research result

At this stage of the study, researchers melakukan data collection for the purpose of early stage research requirements. Validity test Hermina Hospital performed in Bitung. The result can be seen in the following description:

From the results of tests conducted, it can be concluded that all the statements in the questionnaire is valid. This is shown by the results of calculations comparing the product moment r-value is calculated by r-table. Where r-count shows the results greater than 0,361 r-table. It can be concluded that the statement is valid and does not need to be eliminated. After testing the validity of reliability test is then performed and the results can be seen in the following

description: Cronbach Alpha coefficients on all variables are ≥ 0.6 , it can be said all the variables reliable (reliable).

Using the SEM method, tests have been conducted Goodness of Fit (GOF). GOF test is to determine whether the model established in accordance or not, ie whether manifest variables (indicator variables) can explain the existing latent variables. Table GOF test results of the model are as follows:

Table 1
Goodness Of Fit

Goodness of Fit	Suitability criteria	Estimated value	Information
Chi-Square Statistic	Small value	295.37	Poor Fit
P-value	$P > 0.05$	0,00	Poor Fit
RMSEA	$RMSEA \leq 0.08$	0.08	Good Fit
NFI	$NFI \geq 0,90$	0.87	marginal Fit
CFI	$CFI \geq 0,90$	0.92	Good Fit
IFI	$IFI \geq 0,90$	0.92	Good Fit
RFI	$RFI \geq 0,90$	0.84	marginal Fit
GFI	$GFI \geq 0,90$	0.86	marginal Fit
CMIN / DF	≤ 2.00	2.42	Good Fit
AGFI	$AGFI \geq 0,90$	0.80	marginal Fit

Source: AMOS output V23

The above table after adjustment of test results obtained good agreement. RSMEA measurement indices are in the range expected value is ≤ 0.08 is 0.08 and niai CFI, IFI, CMIN / DF meets the criteria in SEM although the value of NFI, RFI, GFI is marginally acceptable. The chi-square, level Probability produce indigo poor fit. In an empirical study, the

researchers are not required to meet all the criteria of goodness of fit, however, depends on the judgment of each researcher. Chi-Square value of this research is 295.37. From the results of the model output on the GOP to the test criteria for suitability models, some of the criteria that are in the marginal value.

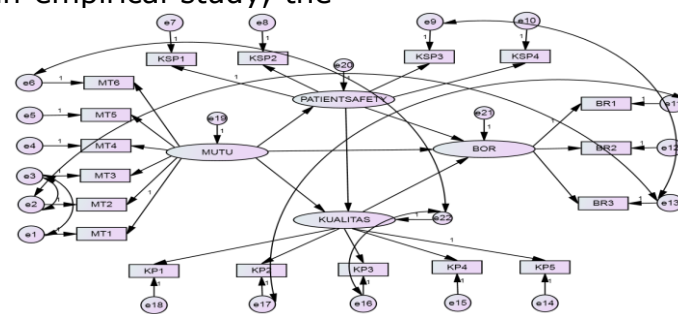


Figure 2
SEM After Adjustment

After the goodness of fit criteria step is an analysis of the structural relationship models (hypothesis). can be met structural estimated, the next relationship models (hypothesis).

Hypothesis testing is done to determine whether or not the independent variables affect the dependent variable. The hypothesis is accepted if the value prob (P) > 0.05. Hypothesis test results can be seen in the table below:

Table 2
Hypothesis Test Results

	estimate	SE	CR	P	Label
PATIENTSAFETY <--- QUALITY	, 356	082'	4.328	***	par_19
QUALITY <--- QUALITY	, 474	074'	6.407	***	par_20
BOR <--- QUALITY	-, 209	063'	3.329	***	par_12
BOR <--- PATIENTSAFETY	, 042	054'	0.783	0.434	par_17
BOR <--- QUALITY	1,111	113'	9.831	***	par_18

Source: Amos V23 Calculation Results

From the table above were obtained quality positively affects hospital inpatient occupancy rate (BOR) with a CR value of -3.329 ($p = 0,00 \leq 0.05$). Hospital quality and significant positive effect on the quality of service received grades CR amounted to 6.407 ($p = 0.000 \leq 0.05$). There is a positive influence between the quality of the hospital to patient safety. Influence the quality of the hospital to patient safety obtain the value of CR 5.610 ($p = 0.000 \leq 0.05$). Service quality and significant positive impact on the occupancy rate of hospitalization (BOR) obtained CR value of 1.111 ($p = 0.000 \leq 0.05$). There is no significant value between patient safety to the occupancy rate of hospitalization, scored CR 0.783 ($p = 0.434 \leq 0.05$)

Discussion

Hospital Quality influence on the occupancy rate of hospitalization

Based on the statistical results of the above study, the quality of hospital acquired positive effect on the occupancy rate of hospitalization (BOR) with a CR value of -3.329 ($p = 0,00 \leq 0.05$). Hospital quality defined integral part of an organization's social and health with the function of providing complete services (comprehensive), healing

(curative) and disease prevention (preventive) to the public. The hospital is also a training center for health workers and medical research center as well as a system that should make improvements, including effective, efficient, accessible, patient-centered care, fair and secure compliance with the standards propesi and services. (World Health Organization, 2006), Indicators are commonly used are: Bed Occupancy Rate (BOR), Average length of stay (ALOS), Bed Turn Over (TOI), Net Death Rate (NDR) and Gross Death Rate (GDR). This means that the higher the level of quality Hospitals in Siaga Raya Hospital will affect occupancy rates of hospitalization (BOR).

In this study, the theory is proved by the hospital quality affect the occupancy rate of hospitalization. The results support the research conducted by Benson Nababan, Nuri Pratiwi & M. Wahyudin which proves that the quality of hospital positive effect on the achievement of the BOR. In accordance with the translation already given above.

Influence of Hospital Quality on the Quality of Service

Based on the statistical results of the above study, the quality of hospital acquired positive and significant impact

on the quality of service received grades CR amounted to 6.407 ($p = 0.000 \leq 0.05$). Hence, the higher the quality of hospitals in the Hospital Preparedness Siaga Raya Hospital of the patient, the higher the quality of the hospital will be higher kualitas service to patients.

Rosita et al (2011) is to improve the quality of health care, empathy or concern of health workers is expected by the service users or patients. To create patient satisfaction, hospital must create and maintain a system to obtain more patients and the ability to retain patients. Patients are treated the sick doctors and other health personnel in place practices (Yuwono; 2003)

According to Philip Kotler in the book (Prof. J. Supranto, MA, APU (2011) says that there are five determinants of service quality criteria. The five criteria are: 1) Tangible Includes physical facilities, equipment, staff, and means of communication. 2) Empathy Covers ease in relationships, good communication, personal attention, and understand the needs of customers. 3) Confidence Includes knowledge, ability, courtesy, and trustworthiness owned by the staff. 4) Responsiveness That is the desire of the staff to petrify customers and provide service with a responsive 5) Reliability The ability to provide the promised service with immediate, accurate and satisfactory. This means that for hospitals to improve the quality can not be separated from the high level of quality of services provided to patients.

In this study, the theory is proved by the influence of hospital quality to the quality of patient care at the Siaga Raya Hospital. The results of this study support previous research carried out by Muh. Ishaq Jayabrata, Ida Aju Brahmasari, Ida Aju Brahma Ruth, Dani Suryaningrat, Yousf Ibrahim Aljoudimi, Etlidawati, Diah Yulistika which suggests that the positive correlation between the quality of hospitals to service quality.

Quality influence hospital to patient safety

Based on the survey results revealed that there is a positive influence between the quality of the hospital to patient safety. Influence the quality of the hospital to patient safety obtain the value of CR 5.610 ($p = 0.000 \leq 0.05$), meaning that there is a significant value between hospital quality to patient safety.

Patient safety is the responsibility of all parties associated with health care providers. Stakeholders have a responsibility to make sure no action was endangering patients, the public, doctors, nurses, health professionals, researchers, the professionals, the Hospital accrediting agencies and government have a shared responsibility in patient safety efforts (Ballard, 2003). Patient safety is a top priority in health care and is the first critical step to improve the quality of services as well as related to the quality and image of the Hospital (Department of Health, 2008).

In this study, the theory proved the influence of hospital quality to patient safety in hospital patients Standby Siaga Raya Hospital. Respondents in this study believe that the quality of a good quality hospitals make patients feel secure keselamatanya for CR value obtained is very significant. The results of this study support previous research conducted by Akram et al (2017) who argued that the existence of a positive relationship between the quality of service to patient safety.

The influence of service quality on the occupancy rate of hospitalization

Based on the statistical results of the above study, the quality of services obtained positive and significant impact on the occupancy rate of hospitalization (BOR) with a CR value of 1.111 ($p = 0.000 \leq 0.05$). Then the quality of services to patients treated didiberikan the higher occupancy rate of hospitalization (BOR) in Siaga Raya Hospital. Quality of service becomes

important in the occupancy rate of hospitalization.

Quality of service is a condition associated with the products, services, people, processes, environments that exceed or series of activities that are invisible (intangible) that occurs as a result of the interaction between consumers and employees or other things provided by the service provider company intended to solve the problems of the consumers / customers.

According to Philip Kotler in the book (Prof. J. Supranto, MA, APU (2011) says that there are five determinants of service quality criteria. The five criteria are: 1) Tangible Includes physical facilities, equipment, staff, and means of communication. 2) Empathy Covers ease in relationships, good communication, personal attention, and understand the needs of customers. 3) Confidence Includes knowledge, ability, courtesy, and trustworthiness owned by the staff. 4) Responsiveness That is the desire of the staff to petrify customers and provide service with a responsive 5) Reliability The ability to provide the promised service with immediate, accurate and satisfactory.

Therefore, the higher the quality of services provided to patients it will affect occupancy rates of hospitalization, this is because when the patient will perform maintenance would definitely choose Hospital standby highway to care for him, this will certainly increase the value of the occupancy rate of hospitalization (BOR) at the Hospital Preparedness Siaga Raya Hospital.

In this study, the theory proved their influence patient satisfaction with inpatient occupancy rate (BOR). The results of this study support previous research conducted Nuri Pratiwi & M. Wahyudin which proves that the quality of service to patients positive effect on the occupancy rate of hospitalization (BOR).

Patient safety influence on the occupancy rate of hospitalization

Based on the results of her research statistics above, obtained patient safety is not significant to the occupancy rate of hospitalization (BOR) with a CR value of 0.783 ($p = 0.434 \leq 0.05$). Patient safety to be one-dimensional in the quality of health care as outlined by the Institute of Medicine (IOM, 2004), so that patient safety needs to be managed properly so that the hospital can provide quality service.

Patient safety is the responsibility of all parties associated with health care providers. Stakeholders have a responsibility to make sure no action was endangering patients, community, physicians, health professionals, researchers, professionals, hospital accreditation agency and government have a shared responsibility in patient safety efforts (Ballard, 2003). Keselamatan patients a top priority in health services and is the first critical step to improve the quality of services as well as related to the quality and image of the hospital (MOH, 2008)

Harold Koenig HFZ & Kleinsorge IK, 1994 factors affecting the BOR include external factors and internal factors. But the factors that contribute significantly to the BOR is internal factors which include the Hospital of input factors and factors of the service process. While external factors, namely the Hospital patient's condition.

In this study, the theory is not proven their influence patient safety on inpatient occupancy rate (BOR) in the Hospital Preparedness Siaga Raya Hospital. The results of this study support previous research conducted by Muh.Ishaq Jayabrata et al in that study concluded that the safety of the patients had no effect on loyalty inpatients private hospital in Surabaya.

Patient safety is a process in the quality of services, to be a program at the Hospital to further improve the service process so that the output obtained is patient satisfaction. Based on

the assumption that the respondent has been accredited with a hospital that patient safety is definitely executed so that the respondents did not question the hospital is safe or not, so that the respondents be treated more priority to the quality of service in accordance with what is desired.

In this study, the finding that the respondents prefer the quality of service if treated in the Hospital Preparedness Siaga Raya Hospital for the service of doctors and nurses are considered in accordance with the quality standards of the hospital which is indirectly already there, as indeed Hospital has been accredited plenary and by the respondents it is sufficient in order to implement patient safety. In addition, respondents felt that the Hospital Preparedness Siaga Raya Hospital is like a second home to some of the respondents were already several times treated at the Hospital Preparedness Siaga Raya Hospital, because of the family atmosphere among respondents and employees as well as paramedics Hospital Preparedness Siaga Raya Hospital.

Conclusion

Hospital quality have an impact on patient safety because patient safety is a top priority. Powel (2004) states that a safety culture is the dominant factor in the effort to the success of safety and a key for the realization of quality services and secure, discipline, adherence to standards, procedures and protocols, teamwork, honesty, transparency, mutual respect are basic values that must upheld. The respondents believe that the quality of good hospitals make patients more comfortable and assured safety.

Hospital quality has an influence on the quality of service to patients because of the level of health care excellence Siaga Raya Hospital Hospital Preparedness held in accordance with the code of ethics and service standards are applied, causing quality of service to

patients admitted to the Hospital Preparedness Siaga Raya Hospital.

Hospital quality has no effect on the occupancy rate of hospitalization due to respondents prefer the quality of care, hospital quality is the degree of perfection of service of health care services in accordance with professional standards and service standards by using the potential of the resources available at the hospital in a reasonable and satisfactory norm, ethical, legal and social culture by taking into account the limitations and capabilities of the government and the consumer society (Herlambang, 2016) Patient safety does not affect the occupancy rate of hospitalization because it is not directly raise the occupancy rate inap. Keselamatan patient care is a process in the quality of services, to be a program at the Hospital to further improve the service process so that the output obtained is patient satisfaction.

Positive effect on the quality of service inpatient occupancy rate (BOR), because of the satisfaction to be important in the occupancy rate of hospitalization. According to (Zineldin, 2006, p 61). Quality of service is a condition associated with the products, services, people, processes, environments that exceed or series of activities that are invisible (intangible) that occurs as a result of the interaction between consumers and employees or other things provided by the service provider company intended to solve the problems of the consumers or customers. This means that if the quality of service to patients met then when the patient will perform maintenance would definitely choose standby highway Hospital to care for him, this will certainly increase the value of the occupancy rate of hospitalization (BOR) in the Hospital Preparedness Siaga Raya Hospital. In this research for NFI (normed Fit Index), RFI (Relative Fit Index), GFI (*Goodness of Fit Index*) And AGFI (Adjusted Goodness of Fit Index) Shows that the marginal value then Chi-Square Statistic and P-Value

indicates the value of the Poor that requires other variables that need to be incorporated into the model that affect the occupancy rate of hospitalization (BOR). Reviewing the three hypotheses that have been tested and the implications of the RS, the suggestions of researchers, among others:

1. From the analysis and findings of research conducted, have implications for patient safety program in order to be maximized by continuous dissemination to physicians, nurses, pharmacists, nutrition and professional caregivers
2. Hospital management should continue to monitor and evaluate the implementation of patient safety particularly targeted patient safety in order to remain sustainable so that patient satisfaction as the output can be maintained
3. Hospital management should continue to look for strategies that the occupancy rate of hospitalization in the Hospital Preparedness Siaga Raya Hospital can increase performance, so it can be realized in accordance with the vision and mission of the Hospital. This will increase revenue and profits for Hospital Preparedness Siaga Raya Hospital in an era filled with uncertainty.
4. Hospital management should be more sensitive to the quality of service to patients because it can be proved that the quality of service affect occupancy rates of hospitalization, it can be used as a handle so that the occupancy rate of hospitalization meningkat. Pihak management can manage the inputs given by patients hospitalization to better fit the desired criteria so the quality of patient care continues meningkat. Contoh of patients responded satisfied with the services provided by doctors and nurses, it should be followed up by giving awards to doctors and nurses, so that doctors and nurses can continue to improve the competence and maintain quality of service.
5. In future studies should involve other variables in addition to the variable quality of the hospital, quality of care, patient safety. It is expected to add other important variables such as leadership, loyalty and retention.

Bibliography

- Aiken, LH, Sermeus, W., Van Den Heede, K., Sloane, DM, Busse, R., McKee, M., ... Kutney-Lee, A. (2012). Patient safety, satisfaction, and quality of hospital care: Cross-sectional surveys of nurses and Patients in 12 countries in Europe and the United States. *BMJ (Online)*, 344 (7851), 1-14. <https://doi.org/10.1136/bmj.e1717>
- Aljoudimi, YI, Rejab, I., & Mohamed, Z. (2015). Service Quality Patient Satisfaction toward the Moderating Role of Time and Efforts in Public Hospitals in Tripoli, Libya. *International Journal of Managerial Studies and Research*, 3 (6), 97-116.
- Antunes, J., & Malva, M. (nd). Satisfaction and Service Quality and Life in the institutions for seniors.
- Arbuckle, JL (2011). *IBM SPSS Amos 20 User's guide*, 653.
- Berglas, NF, Battistelli, MF, Nicholson, WK, Sobota, M., Urman, RD, & Roberts, SCM (2018). The effect of facility characteristics on patient safety, patient experience, and service availability for procedures in non-hospital-affiliated outpatient settings: A systematic review. *PLoS ONE*, 13 (1), 1-20. <https://doi.org/10.1371/journal.pone.0190975>
- Ching-Sing, Y., Chun-Chen, H., Hsien-Bin, W., Kang-Ni, L., Chien-Hsiung, L., & Ji-Shou, T. (2013). A Review and Critical Analysis of the

- Principles of Scientific Management. The International Journal of Organizational Innovation, 5 (4), 65-77.
- Dwipa, W. (2012). Basic Concepts of Health Care Quality, 1-89. Retrieved from <http://digilib.ump.ac.id/files/disk1/1/jhptump-a-wilisdwipa-9-1-konsepd-n.pdf>
- Fachri, H., Kartini, D., Hilmiana, & Cahyandito, MF (2017). The influence of institutional partnerships and hospital reputation on hospital performance in west Kalimantan. *Academy of Strategic Management Journal*, 16 (2).
- Ghahramanian, A., Rezaei, T., Abdullahzadeh, F., Sheikhalipour, Z., & Dianat, I. (2017). Quality of healthcare services and its relationship with patient safety culture and nurse-physician communication professionals. *Health Promotion Perspectives*, 7 (3), 168-174. <https://doi.org/10.15171/hpp.2017.30>
- Ida Aju Brahmasari, H., Dipl, D., & Panjaitan, H. (2016). The Influence of Service Quality, and Customer Relationship Management (CRM) Of Patient Satisfaction, Brand Image, Trust, and Patient Loyalty on Level II Indonesian National Army Hospitals. *International Journal of Business and Management Invention* ISSN (Online, 5 (5), 2319-8028. Retrieved from www.ijbmi.org
- Ishaq Jayabrata, M., Brahmasari, IA, Aju, I., & Ruth, B. (2016). Analysis of The Influence Patient Safety, Service Quality, Marketing Mix, Toward Patient Patient Satisfaction and Loyalty for Inpatients of Private Hospitals in Surabaya. *International Journal of Business and Management Invention* ISSN (Online, 5 (4), 2319-8028. Retrieved from www.ijbmi.org
- Ministry of Health of the Republic of Indonesia. (2017). Performance Indicators dictionary Hospitals and Centers. Retrieved from <https://www.persi.or.id/images/2017/manmutu/kamus-indikator-kinerjars.pdf>
- Health, P., health, D., Department, K., Malang, K., & Brawijaya, U. (2017). 5 Ec0405, 5 (1).
- Khamis, K., & Njau, B. (2014). Patients' level of satisfaction on quality of health care at Mwananyamala hospital in Dar es Salaam, Tanzania, 1-8. <https://doi.org/10.1186/1472-6963-14-400>
- Kunto, Widy. (2004). 2004-Relationship Analysis pasien.pdf perception.
- Laura, N. (2016). The Effect of Trust and Service Quality Toward Patient Satisfaction with Customer Value as an intervening variable. *Inktomi Business Review*, 7 (2), 157. <https://doi.org/10.21512/bbr.v7i2.1589>
- Given. (1992). Minister Of Health Of The Republic Of Indonesia Number: 129 / Menkes / Sk / Ii / 2008 Concerning The Minimum Service Standards Of Hospital Health Minister Of The Republic Of Indonesia. No. Additional State Gazette No. 4355 Government Gazette No. 4400, 1 (5), 1-55. <https://doi.org/10.1017/Cbo9781107415324.004>
- Nababan, B. (2012). Analysis Relationship With Health Care Bed Occupancy Rate (Bor) District

- General Hospital Sukamara Central Kalimantan. Thesis: OPEN UNIVERSITY.
- No, VOLXI V, Healthy, P., First, P., & Against, B. (2016). Scientific Journal of Health Sciences, XIV (1).
- Nurchahyo, R., Fitriyani, A., & Hudda, IN (2017). The Influence of Facility and Service Quality towards Customer Satisfaction and Its Impact on Customer Loyalty in Borobudur Hotel in Jakarta. *Inktomi Business Review*, 8 (1), 23. <https://doi.org/10.21512/bbr.v8i1.1790>
- Patawayati, Zain, D., Setiawan, M., & Rahayu, M. (2013). Patient Satisfaction, Trust and Commitment: Mediator of Service Quality and Its Impact on Loyalty (An Empirical Study of Public Hospitals in Southeast Sulawesi). *IOSR Journal of Business and Management (IOSR-JBM)*, 7 (6), 1-14.
- Permenkes RI 11, 2017 (2017). Regulation of the Minister of Health No. 11 in 2017 on patient safety. Regulation of the Minister of Health of the Republic of Indonesia Number 11 Year 2017 About Safety of Patients With 5-6.
- Salehi, A., Janati, A., Nosratnejad, S., & Heydari, L. (2017). Factors Influencing the satisfaction inpatients in public hospitals: A systematic review. *Medical Journal Bali (J Med Bali) Bali Medical Journal*, 7 (71), 17-26. <https://doi.org/10.15562/bmj.v7i1.533>
- Shan, L., Li, Y. Ding, D., Wu, Q., Liu, C., Jiao, M., ... Ren, J. (2016). Patient satisfaction with hospital inpatient care: Effects of trust, medical insurance and perceived quality of care. *PLoS ONE*, 11 (10), 1-18. <https://doi.org/10.1371/journal.pone.0164366>
- Suryaningrat, D. (nd). *Ibn Sina Scientific Journal*, 3 (1), 115-124 Dani Suryaningrat, 3 (1), 115-124.
- Suryawati, C., Dharminto, & Shaluhiyah, Z. (2006). Preparation of Patient Satisfaction Indicators of Inpatient Hospital in Central Java province. *Health Care Management Journal*, 09 (04), 177-184. <https://doi.org/10.9774/jmk.13.1.61-75>
- Surydana, L. (2017). Service Quality, Customer Value and Patient Satisfaction on Public District Hospital in Bandung, Indonesia. *International Review of Management and Marketing*, 7 (2), 187-192.
- Thanh, N., Thi, N., & Mai, T. (2014). Service Quality and Its Impact on Patient Satisfaction: An Investigation in Public Hospitals Vietnamese. *Journal of Emerging Economies and the Islamic Research*, 2 (August), 1-13.
- World Health Organization. (2006). Quality of care: A process for making strategic choices in health systems. *The Journal of the American Medical Association*, 267, 1-50. <https://doi.org/10.1542/peds.2010-1791>
- World Health Organization. (2009). *International Organization*, 1 (01), 134 <https://doi.org/10.1017/S0020818300006731>