

ABSTRAK

Kini setiap industri jasa berlomba untuk memberikan pelayanan yang terbaik agar mencapai tujuan utama memberikan kepuasan bagi pengguna layanannya. Salah satu contoh daripada industri jasa ialah industri pelayanan kesehatan misalnya Puskesmas. Puskesmas Bangetayu merupakan salah satu Puskesmas di Kota Semarang yang beralamatkan di Jl. Bangetayu, Genuk, Bangetayu Wetan, Kota Semarang. Puskesmas Bangetayu menerapkan standar waktu pelayanan yang telah ditetapkan pemerintah dalam surat keputusan Menteri Kesehatan No.129/MENKES/SK/II/2008 Tentang Standar Pelayanan Minimal Rumah Sakit yaitu standar pelayanan rawat jalan dengan waktu tunggu ≤ 60 menit. Berdasarkan indikator waktu tunggu di rawat jalan, waktu tunggu pelayanan adalah waktu yang diperlukan mulai pasien mendaftar sampai dipanggil untuk dilayani oleh dokter. Permasalahan yang diketahui pada Puskesmas Bangetayu adalah lamanya waktu tunggu pelayanan melebihi 60 menit yaitu 2 jam 48 menit. Lamanya waktu tunggu pelayanan dikarenakan terdapat aktivitas – aktivitas yang tergolong dalam pemborosan. Penelitian dilakukan dengan penerapan *lean healthcare*, *value stream mapping* serta *root cause analysis* dengan usulan perbaikan dengan *rappid process improvement workshop* (hanya sampai tahap *planning*). Pada pembuatan *current state mapping* diketahui total *leadtime* 10.361 detik dengan *value added time* 184,04 detik, *non value added time* 9824,61 detik, dan *necessary but non value added time* 171,61 detik. Terdapat 7 jenis *waste* yaitu *transportation*, *inventory*, *motion*, *waiting*, *overprocessing*, *defect* dan *human potential*. Diketahui *waste* kritis dengan perhitungan metode Borda adalah *waiting* 0,224, *transportation* 0,208, *motion* 0,200, dan *inventory* 0,192. Dengan nilai *process cycle efficiency* sebesar 1,78%. Diketahui akar penyebab pemborosan pada *waiting* karena adanya *double job*, lamanya proses pengisian dan pencarian rekam medis, pada *transportation* disebabkan jarak antar poli yang berjauhan, pada *motions* disebabkan karena proses pencarian kembali rekam medis yang tidak ada, dan pada *inventory* disebabkan adanya tumpukan lembaran rekam medis baru dan nota pembayaran yang melebihi kapasitas tempat penyimpanan. Kemudian diusulkan menggunakan *rappid process improvement workshop* menggunakan perhitungan *workload indicator staff need* yaitu menambahkan 2 petugas pada pengambilan nomor antrian dan 3 petugas pada registrasi, serta mengganti bentuk cetakan nomor pendaftaran, menggunakan sistem *paperless* dari dinas kesehatan kota Semarang, mengadakan *intercom* tiap departemen dan menambahkan informasi secara visual pada ruangan rawat jalan. Setelah dilakukan pembuatan *future state mapping* dan diketahui total *leadtime* 9345,54 dengan *value added time* 196,54 detik, *non value added time* 9085 detik, dan *necessary but non value added time* 70 detik. Dan presentase *process cycle efficiency* menjadi 2,10%.

Kata Kunci : *Lean Healthcare*, *Value Stream Mapping*, *Root Cause Analysis*, *Rappid Process Improvment Workshop*, *Workload Indicator Staff Need*

ABSTRACT

Now every service industry is competing to provide the best service in order to achieve the main goal of providing satisfaction for service users. One example of the service industry is the health service industry, such as Puskesmas. Puskesmas Bangetayu is one of the Puskesmas in the city of Semarang which addresses at Jl. Bangetayu, Genuk, Bangetayu Wetan, Semarang City. Puskesmas Bangetayu applies the service time standard that has been set by the government of the Minister of Health No.129 / MENKES / SK / II / 2008 About Minimum Service Standards for the Hospital, which is a standard outpatient service with waiting time ≤ 60 minutes. Based on indicators of waiting time in outpatient care, waiting time for services is the time needed from the patient registering until called to be served by a doctor. The known problem at the Puskesmas Bangetayu is that the waiting time for services exceeds 60 minutes, which is 2 hours 48 minutes. The length of time the service is waiting is because there are activities that are classified as a waste. The study was conducted by implementing lean healthcare, value stream mapping and root cause analysis with proposed improvements with the rapid process improvement workshop (only up to the planning stage). In making the current state mapping, it is known that the total leadtime of 10,361 seconds with value added time is 184.04 seconds, non value added time is 9824.61 seconds, and necessary but non value added time is 171.61 seconds. There are 7 types of waste which is transportation, inventory, motion, waiting, overprocessing, defect and human potential. It is known that critical waste with Borda method calculation is waiting 0,224, transportation 0,208, motion 0,200, and inventory 0,192. With a PCE value of 1.78%. Known root causes of waste in waiting due to double jobs, the length of the process of filling and searching of medical records, in transportation caused by distance between poly poles, on motions caused by the process of finding back medical records that do not exist, and in inventory caused by a pile of medical records new and payment notes that exceed the storage capacity. Then it is proposed to use *rapid process improvement workshop with workload indicator staff need* calculation which is to add 2 officers to take the queue number and 3 officers to the registration, and change the printed form of the registration number, use the paperless system of Semarang Healthcare Office, adding intercom for each department and add information visually to the outpatient room. After making the future state mapping and total leadtime of 9345.54 with 196.54 seconds value added time, 9085 seconds non value added time, and 70 seconds necessary but non value added time. And the percentage of *process cycle efficiency* to 2.10%.

Keywords : Lean Healthcare, Value Stream Mapping, Root Cause Analysis, Rapid Process Improvement Workshop, Workload Indicator Staff Need