

Bed Use Efficiency Analysis Based on Barber Johnson's Graph in the Era of the Covid-19 Pandemic at Sekarwangi Hospital, 2021

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ABSTRACT

The efficiency of hospital management can be broadly seen from two aspects, namely, from a medical perspective, looking at efficiency from the point of view of the quality of medical services, and from an economic perspective, looking at efficiency from the point of view of the utilization of existing facilities. Efficiency is an indicator that underlies the performance of all hospitals. To determine the efficiency of hospital service management, it is necessary to calculate the four parameters of the Barber Johnson Graph, namely BOR, AvLOS, TOI and BTO. The purpose of this study was to determine the efficiency of bed use based on the Barber Johnson indicator in the Covid-19 pandemic era at Sekarwangi Hospital, Sukabumi Regency in 2021. This study used descriptive qualitative analysis methods, data collection methods using observations and interviews. The population in this study is the daily inpatient census at the Sekarwangi Hospital in 2021 and the sample of this study is the first quarter of January, February, March 2021 at the Sekarwangi Hospital. Based on the research, in the first quarter of the meeting, the four parameters are outside the efficiency area set by the, which means that the system running at RSUD Sekarwangi is still not efficient.

Keywords: Analysis of Efficiency of Bed Usage, Barber Johnson Graph, Sekarwangi Hospital.

1. Preliminary

Hospital is a health service institution that provides complete individual health services that provide inpatient, outpatient, and emergency services (Permenkes No. 3 of 2020)

Medical Record is a file containing records and documents about patients containing identity, examination, treatment, other medical actions at health service facilities for outpatient, inpatient, both managed by the government and private (Permenkes number 269/MENKES/PER/III/2008)

In managing the efficiency of inpatient services, a medical record unit is needed that is able to support the achievement of orderly administration (Hatta, 2013). The efficiency of hospital management can be broadly seen from two aspects, namely, from a medical perspective, looking at efficiency from the point of view of the quality of medical services, and from an economic perspective, looking at efficiency from the point of view of the utilization of existing facilities.

Efficiency is an indicator that underlies the performance of all hospitals. To determine the level of efficiency, it is not enough to use only raw information but must be processed first in the Inpatient indicators, namely BOR, AvLOS, TOI, BTO, NDR, and GDR. Assessment of the efficiency of bed use can be seen through the Barber Johnson Graph, where the graph contains efficient areas that

can assess and present 4 indicators of hospitalization, namely BOR, AvLOS, TOI, and BTO. To determine the efficiency of bed use, parameters are needed, namely BOR (Bed Occupancy Rate), to determine the percentage of bed use in a period, AvLOS (Average Length of Stay) to determine the average length of stay, TOI (Turn Over Interval) to determine the length of stay. empty beds and BTO (Bed Turn Over) to determine the frequency of bed use in a period (Rustiyanto, 2010: 54).

The problem that exists is that the efficiency level of bed use is still low, based on previous research conducted by Irmawati et al (In 2018) studying the efficiency

at Bhakti Wira Tamtama Hospital based on Barber Johnson's chart as evaluation and planning material. Barber Johnson's chart data was obtained in 4 indicators of the five wards in 2016 which did not meet in one point and were outside the efficiency area, while in 2017 the four indicators met at one point but were outside the efficiency area.

Based on the above background, the author is interested in conducting research that will be submitted in a scientific article with the title "Efficiency analysis of bed use based on barber johnson charts in the era of the covid-19 pandemic". The difference between this study and previous research is the place and conditions during the pandemic in 2021, the purpose of this study is to get an overview of the efficiency of bed use

based on the Barber Johnson chart at Sekarwangi Hospital.

2. Theory and Questions

Theory

Based on the problems to be analyzed, the theory to support this research is the theory of hospitals, hospital statistics, theory of bed efficiency, Barber Johnson's graph theory.

Hospital

Hospitals are health service institutions that provide complete individual health services that provide inpatient, outpatient, and emergency services (Permenkes No. 3 of 2020). The main products in the hospital are medical services, surgery and services for the care of the sick. Along with the development of the times the hospital must be able to generate an income to maintain its survival and development, one part of the hospital, namely the inpatient unit, the hospital needs to pay attention to income, its main function is to continue to care for the sick. In the hospital, good management is needed because for every service and item that has been provided to the patient, it must be able to provide income for the hospital.

Hospital Statistics

Hospital statistics are statistics that use and process information sources from health services in hospitals to produce data, facts and knowledge related to health services in hospitals according to Sudra (2010: 3) in hospital services, data collected every year. starting from inpatient, outpatient and emergency care, the data is very useful for monitoring patient care every day, week to month.

3. Inpatient daily census

The daily inpatient census is an activity of enumeration / calculation of inpatients that is tried every day in an inpatient room containing mutations in and out of patients for 24 hours starting from 00.00 s / d

WIB. The purpose of the daily census is to obtain data on all patients who enter and leave the hospital for 24 hours.

The uses of the daily census are:

Identify the number of patients entering, leaving the hospital, and dying in the hospital.

Recognizing the level of use of the bed

Calculate the provision of health service facilities / facilities.

4. Efficient use of bed

The efficiency of the use of the bed can be viewed from two aspects, namely:

From a medical point of view, the medical team feels that their work is successful if the patient can recover quickly so that he does not need to be treated for a long time, which means that he does not need to use

a bed for too long.

From an economic perspective (utilization of existing facilities), the management wants every bed or facility to be filled and used by patients.

The efficiency level of bed usage based on the barber johnson chart is obtained from the results of service indicators, namely BOR, AvLOS, TOI, BTO.

Barber Johnson Chart

A tool to measure the efficiency of hospital management, the Barber Johnson graph is obtained through the results of calculating some hospital statistical information, in this case the medical recorder plays an important role, there are 4 parameters, namely BOR, AvLOS, TOI, BTO.

BOR (Bed Occupancy Rate)

BOR is the percentage of bed usage in a certain time unit in hospitalization, the ideal standard of drill is 75%-85%, the benefit of the drill itself is to determine the level of use of a hospital bed, and if the drill rate is low it can be caused by a lack of use of treatment facilities rs by the community, if the BOR value is above 85%, the services carried out by doctors and other health workers are less effective.

BOR formula: $\frac{O}{A} \times 100 \%$

To find $O = O = \frac{Hp}{t}$

Information:

D : Number of Outpatients Alive & Dead

O : Average Beds filled in one period A :

Available beds in one period

t : Period (Day)

AvLOS (Average Length Of Stay)

AvLOS or length of stay is the number of days in which the patient received inpatient treatment at the hospital, from the time he was recorded as an inpatient until he was discharged from the hospital. Patients can be discharged alive or dead, so for patients who have not been discharged from the hospital it cannot be counted as long days of treatment, the ideal standard for AvLOS is 3-12 days, for the total length of hospitalization can be interpreted as the number of days of hospitalization which can be interpreted as the number of days of hospitalization obtained in a patient, until the patient is discharged alive or dead.

AvLOS formula:

AvLOS: $\frac{O}{D} \times t$

Information:

D : Number of Outpatients Alive & Dead

O : Average Beds filled in oneperiod A :

Available beds in oneperiod

t: Period (Days)

TOI (Turn Over Interval)

TOI is the average number of days a bed is not occupied by a patient, this occurs between when a bed that is not occupied by a patient is occupied by the next patient, the ideal standard for toi is 1-3 days

TOI TOI formula: $\frac{(A-O) \times t}{D}$

Information:

D : Number of Outpatients Alive & Dead
 O : Average Beds filled in one period A : Available beds in one period
 t: Period (Days)

BTO (Bed Turn Over).

BTO is the average number of patients who use the bed in a certain period, the BTO value helps in assessing the level of bed use because in two periods the same BOR number can be obtained but the BTO number can be different. The ideal standard of BTO is a minimum of 30 patients in a one year period.

BTO formula:

$$\text{BTOs: } \frac{D}{A}$$

Information:

D : Number of Outpatients Alive & Dead
 O : Average Beds filled in one period A : Available beds in one period
 t : Period (Day)

To determine the point Avlos and TOI in BTO is
 $\text{AvLOS} = \frac{D}{A}$ Note. For value O= 1 place sleep
 $\text{TOI} = (A - O) \times \frac{D}{A}$ Note. For value (AO) = 1 place sleep

How to make Graphics Barber Johnson

How to make a barber johnson chart as follows:

The scale on the horizontal axis does not have to be the same as the scale on the vertical axis

The scale on an axis must be consistent

The scale on the horizontal and vertical axes starts at 0 and coincides to form a coordinate of 0.0

The title of the chart must clearly state the name of the hospital, the name of the ward (if necessary) and the time period

BOR line

Determine the BOR value for which the auxiliary line will be made, for example BOR = 75%

Determine the coordinates of the BOR auxiliary point, for example for BOR 75 % then the coordinates of the auxiliary points are:

$$- \text{LOS} = \text{BOR value divided by } 10 = 75/10 = 7.5$$

$$- \text{TOI} = 10 - \text{LOS value} = 10 - 7.5 = 2.5$$

Draw a line starting at coordinates 0.0 through the BOR auxiliary point

Give information, the line is BOR = 75%

BTO helpline

Determine the BTO value for which the auxiliary line will be made, for example BTO = 10.

Determine the auxiliary points on the LOS and TOI axes (the values are the same) by: The auxiliary points = (Number of days in the reporting period) divided (BTO value) = $30/10 = 3$. So the location of the auxiliary points is LOS = 3 and TOI = 3.

Draw a line connecting the two auxiliary points.

Give a description, for example that the line is BTO = 10.

The Efficiency Region is the area bounded by the intersection of the lines. TOI: 1-3, BOR: 75 % and LOS: 3 12 (Sudra, 2010).

B. QUESTION

Based on the main problems above, the questions

that arise from the researchers are as follows:

How is the efficiency level of using the bed based on the Baber Johnson chart in the era of the COVID-19 pandemic?

Is there a comparison of the efficiency level of bed use after the pandemic and before the pandemic at the Sekarwangi Hospital?

Research Methods

The type of research used in this research is qualitative research. The method used is descriptive research method using a qualitative approach, this method is a descriptive method and tends to use analysis. Descriptive research method is a method used to describe or analyze a research result but is not used to make broader conclusions (Sugiyono 2005). Qualitative research is research that is used to examine the condition of natural objects, where the researcher is the key instrument (Sugiono, 2005)

The research location is the place where the research is carried out, the determination of the research location is a very important stage in qualitative research, because by setting the research location, it means that the object and purpose have been set making it easier for the author to conduct research.

The research location studied by the researchers, namely Sekarwangi Hospital, Sukabumi Regency, is a type B hospital with the types of services available are general services, dentistry and 4 basic specialists, plus eye, skin and genital, neurology, and ENT specialists. While the medical support facilities owned include operating rooms, laboratories, radiology, pharmacy.

Data analysis is a very important part of the scientific method, because by analyzing the data it can be given meaning and meaning that is useful in solving research problems. The data analysis method used in this research is descriptive qualitative analysis.

Population is a generalization area consisting of objects or subjects that have certain qualities and characteristics determined by research to study and then draw conclusions (Sugiono 2007).

The population in this study is medical record data, inpatient daily census (SHRI) at Sekarwangi Hospital in 2021.

The sample is part of the population that has the same characteristics as the population. The sample collection technique here uses a saturated sample, which is a sampling technique when all members of the population are sampled. The sample in this study is January, February, March in 2021

Data collection techniques, observation, namely the activity of focusing attention on an object by using all the senses. Observations are carried out through systematic observation and recording of the symptoms studied. Interviews are conversations carried out with a specific purpose to achieve a goal. Interviews were conducted by 2 parties, namely the interviewer who asked questions and the interviewee who provided answers to the questions posed by the interviewer.

5. Research Result

Based on the results of observations at the Sekarwangi Hospital, it was obtained that the daily inpatient census data for the first quarter of 2021 were recorded according to the director's decree, namely 367, the number of beds in the Sekarwangi Hospital in the first quarter of each month was different due to this pandemic. many rooms are locked down and inpatient visits fluctuate every month. The data for the recapitulation of the first Quarter 2021 at the Sekarwangi Regional General Hospital are as follows:

Month	Long treated	Nursing Day (HP)	Patient out life and death	Amount Bed
January	4375	4250	1399	305
February	4163	3815	1465	337
March	9278	4875	2196	338
Quarter I	17816	12940	5060	980

From the table above, recapitulation data is obtained which will then be processed using BOR, AVLOS, TOI, BTO calculations using the Barber Jhonson Graph formula, then there are statistical data component data for Quarter I Inpatient Quarter I at Sekarwangi Hospital in 2021 as follows:

Quarter I				
Ket	January	February	March	Quarter 1
D	1399	1465	2196	5060
O	137	136	157	144
A	305	337	338	326
T	31	28	31	90
HP	4250	3815	4875	12940

6. Information

- D : Number of Outpatients Alive & Dead
- O : Average Bed occupied in one period A
- : Available beds in one period
- t : Period (Day)
- HP : Number of days Maintenance

From the data obtained above, BOR, AvLOS, TOI, BTO can be calculated as follows:

January 2021

$$O = \frac{Hp}{t} = \frac{4250}{31} = 137$$

BOR Formula:

$$BOR: \frac{O}{A} \times 100 \% = \frac{137}{305} \times 100 \% = 44.91 \%$$

AvLOS Formula:

$$AvLOS: \frac{O}{D} \times t = \frac{137}{1399} \times 31 = 3.0 \text{ days}$$

TOI Formula:

$$TOI: \frac{(A-O) \times t}{D} = \frac{(305-137) \times 31}{1399} = 3,7 \text{ days}$$

BTO Formula:

$$BTO = \frac{D}{A} = \frac{1399}{305} = 5 \text{ times}$$

To determine the points Avlos and TOI in the line BTO is

$$AvLOS = \frac{Oxt}{D} = \frac{Oxt}{D} = \frac{1 \times 31}{5} = 6,2$$

Note. For value O = 1 bed

$$TOI = (A - O) \times \frac{t}{D} = (1) \times \frac{31}{5} = 6.2$$

Note. For value (AO) = 1 bed

2 February 2021

$$O = Hp = 3815 = 136$$

t = 28

BOR Formula:

$$BOR: \frac{O}{A} \times 100 \% = \frac{136}{337} \times 100 \% = 40.36 \%$$

AvLOS Formula:

$$AvLOS: \frac{O}{D} \times t = \frac{136}{1465} \times 28 = 2.6 \text{ days}$$

TOI Formula:

$$TOI: \frac{(A-O) \times t}{D} = \frac{(337-136) \times 28}{1465} = 3.8 \text{ days}$$

BTO Formula:

$$BTO = \frac{D}{A} = \frac{1465}{337} = 4 \text{ times}$$

To determine the points Avlos and TOI in the line BTO is

$$AvLOS = \frac{Oxt}{D} = \frac{Oxt}{D} = \frac{1 \times 28}{4} = 7,0$$

Note. For value O = 1 bed

$$TOI = (A - O) \times \frac{t}{D} = (1) \times \frac{28}{5} = 7.0$$

Note. For value (AO) = 1 bed

March 2021

$$O = Hp = 4875 = 157$$

t = 31

BOR Formula:

$$BOR: \frac{O}{A} \times 100 \% = \frac{157}{338} \times 100 \% = 46.44 \%$$

AvLOS Formula:

$$AvLOS: \frac{O}{D} \times t = \frac{157}{2196} \times 31 = 2.8 \text{ days}$$

TOI Formula:

$$TOI: \frac{(A-O) \times t}{D} = \frac{(338-157) \times 31}{2196} = 3.2 \text{ days}$$

BTO Formula:

$$BTO = \frac{D}{A} = \frac{2196}{338} = 6 \text{ times}$$

To determine the points Avlos and TOI in the line BTO is

$$AvLOS = \frac{Oxt}{D} = \frac{Oxt}{D} = \frac{1 \times 31}{6} = 5,2$$

Note. For value O = 1 bed

$$TOI = (A - O) \times \frac{t}{D} = (1) \times \frac{31}{6} = 5.2$$

Note. For value (AO) = 1 bed

Quarter I (January to March) 2021

$$O = Hp = 12940 = 144$$

t = 90

BOR Formula:

$$BOR: \frac{O}{A} \times 100 \% = \frac{144}{326} \times 100 \% = 44.17 \%$$

AvLOS Formula:

$$AvLOS: \frac{O}{D} \times t = \frac{144}{2196} \times 31 = 2.2 \text{ days}$$

TOI Formula:

$$TOI: \frac{(A-O) \times t}{D} = \frac{(338-157) \times 31}{2196} = 3.2 \text{ days}$$

BTO Formula:

$$BTO = \frac{D}{A} = \frac{5060}{326} = 16 \text{ times}$$

To determine the points Avlos and TOI in the line BTO is

$$AvLOS = \frac{Oxt}{D} \quad \text{Note. For value O} = 1 \text{ bed}$$

$$= \frac{Oxt}{D} = \frac{1 \times 90}{16} = 5,6$$

$$TOI = (A - O) \times \frac{t}{D} \quad \text{Note. For value (AO)} = 1$$

bed

90

$$= (1) \times 90 / 16 = 5.6$$

The Barber Johnson Chart for the First Quarter at the Sekarwangi Regional General Hospital in 2021 is as follows:

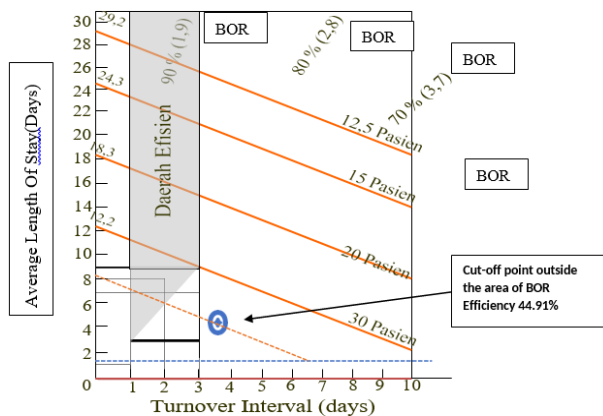


Figure 1. Graph of Barber Jonshon RSUD Sekarwangi January 2021

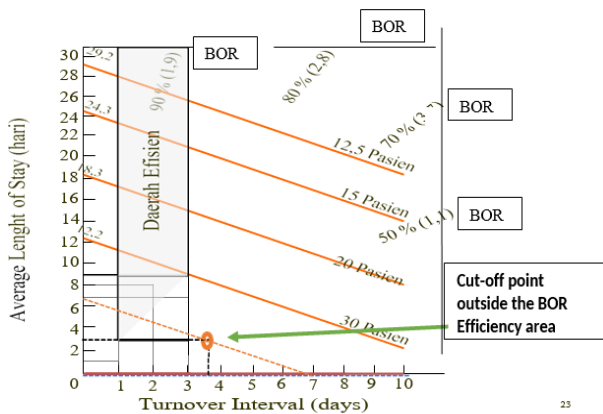


Figure 2. Graph of Barber Jonshon RSUD Sekarwangi in February 2021

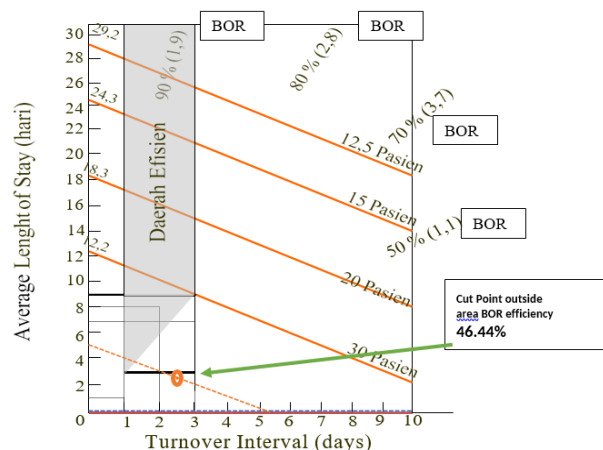


Figure 3. Graph of Barber Jonshon RSUD Sekarwangi March 2021

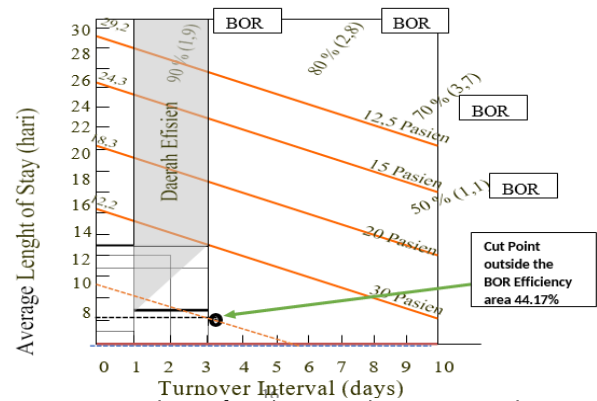


Figure 4. Graphics of Barber Jonshon RSUD Sekarwangi Quarter I 2021

No	Indicator	January	February	March	Quarter 1	Efficiency Value (BJ Graph)
1	DRILL	44.91%	40.36%	46.44%	44.17%	75-85%
2	AvLOS	3.0	2.6	2.2	2.2	3-12 days
3	TOI	3.7	3.8	2.5	3.2	1-3 days
4	BTO	5 times	4 times	6 times	16 times	> 30 times/year

7. Discussion and Conclusion

Discussion

Based on the results of the data that the authors got from the head of the medical record unit and the reporting staff at the Sekarwangi Regional General Hospital, Sukabumi Regency in the implementation of bed management, it is still not efficient and there are several indicators that have reached the ideal value and at Sekarwangi Hospital still not using barber charts. Johnson. Barber Johnson Chart 1 at the Sekarwangi Hospital, Sukabumi in 2021:

The efficiency level of bed use based on the Barber Johnson chart in the era of the covid-19 pandemic, namely in January, the BOR value was 44.91%, the AvLOS value was 3.0 days, the TOI value was 3.7 days and the BTO value was 5 times / patient, to determine the line point BTO Avlos Value 6.2 and TOI 6.2.,

Then in February the BOR value was 40.36%, AvLOS 2.6, TOI 3.8 and the BTO value 4 times to determine Avlos and TOI points in the BTO line was AvLOS 7.0 and TOI 7.0.,

Then in March 2021 the BOR value was 46.44%, AvLOS 2.2 days the TOI value was 2.5 days, the BTO value 6 times the value to determine the Avlos and TOI points in the BTO line was 5.2 and TOI 5.2

For the total number of Quarter 1 2021, which is the total from January to March 2021, the use of beds obtained a BOR value of 44.17%, AvLOS 3.0 days, TOI 3.7 days, and BTO 16 times/patient

If you look at the use of beds from January to March 2021, that the BOR value has not reached the ideal value where the ideal value of a Hospital BOR is 75.00% to 85.00%. January to March, which has an ideal value is January, which is 3.0 days, while February and March are below the ideal value. The

ideal Avlos value of a hospital is 3-12 days. For TOI, the average length of bed vacancy from January to March 2021 which has the ideal value is March 2.5, while January and

February are above the ideal value, where the ideal value of TOI for a hospital is 1-3 days..

For Quarter 1 2021, the BOR and TOI values are not ideal, where BOR is less than 75% while TOI is more than the ideal value, while AvLOS and BTO already have ideal values.

Comparison of the efficiency level of bed use after the pandemic and before the pandemic at the Sekarwangi Hospital

Based on the results of the data that the author got from hospital staff, the data for Quarter 1 in 2020 was obtained, namely January with a BOR of 63%, AvLOS worth 3.2 days, TOI 1.7 days, BTO 6.8 times/patient, then in February with BOR worth 63%, AvLOS worth 3.0 days, TOI worth 1.6 days, BTO worth 6.8 times/patient, then March with BOR worth 54%, AvLOS worth 3.0 days, TOI worth 2,2 days, BTO worth 6.6 times / patient when compared with the calculated data for Quarter 1 of 2021, namely in January the BOR value was 44.91%, AvLOS value was 3.0 days, TOI value was 3.7 days and the BTO value was 5 times / patient, to determine the line point BTO Avlos value 6.2 and TOI 6.2., then in February the BOR value was 40.36%, AvLOS 2.6, TOI 3.8 and the BTO value 4 times to determine the Avlos and TOI points in the BTO line is AvLOS 7.0 and TOI 7.0., Then in March 2021 the BOR value is 46.44%, AvLOS 2.2 days the TOI value is 2.5 days, the BTO value is 6 times the value To determine the Avlos and TOI points in the BTO line are 5.2 and TOI 5.2. For the Total number of Quarter 1 2021, namely the total from January to March 2021, the use of beds in

get a BOR value of 44.17%, AvLOS 3.0 days, TOI 3.7 days, and BTO 16 times/patient. Based on the data above, it can be seen a quite significant comparison where in Quarter 1 of 2020 the BOR value is closer to the ideal standard compared to the BOR value of Quarter 1 of 2021 which is still far from the ideal standard, and for the AvLOS value in Quarter 1 of 2020 it is already in accordance with the ideal standard, while in the 1st Quarter of 2021 in February and March it is still far from the ideal standard while in January it is in accordance with the ideal standard, then the TOI value in the 1st Quarter of 2020 is in accordance with the ideal standard while in the 1st Quarter of 2021 only in March it was in accordance with the ideal standard, while for January and March it was still not in accordance with the ideal standard,

Conclusion

The BOR value in Sekarwangi Hospital has not reached the ideal value, it is still below the ideal value. The Avlos value is the average length of stay which has the ideal value in January while February and March are still below the ideal value. The TOI value is the average length of bed vacancy which has the ideal value in March, while January and February

are above the ideal value. For the BTO value, namely the frequency of bed use from January to March 2021, it has reached the ideal value, which is more than 2.5 times or more than 30 times / patient per year. Meanwhile, for Quarter 1 2021, the BOR and TOI values are not ideal

where the BOR is less than the ideal value, TOI is more than the ideal value, while AvLOS, and BTO already have ideal values.

Comparison of the efficiency level of bed use after the pandemic and before the pandemic at the Sekarwangi Hospital in Quarter 1 of 2020 with Quarter 1 of 2021 there is a very significant comparison of the level of efficiency where in Quarter 1 of 2020 almost all of the indicators are in accordance with ideal standards while in Quarter 1 In 2021, on the 4 Barber Johnson Chart indicators, there are still many that do not match the ideal standard, this is caused by during this pandemic many rooms are locked down and inpatient visits fluctuate every month.

8. Suggestion

a. Based on the results of the research, it is expected that there will be efforts to increase the use of beds by holding promotions to the community so that the number of beds by consumers can be further increased and promoting excellence or success in the complex of medical and non-medical equipment and professional human resources at home. general hospital sekarwangi area.

b. It is expected that hospitals, especially medical records, can use the Barber Johnson chart so that the assessment of service efficiency in inpatients is more accurate and guaranteed.

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Appendix I – Documentation

Data on BOR, LOS, TOI at RSUD Sekarwangi

PEMERINTAH KABUPATEN SUKABUMI
RUMAH SAKIT UMUM DAERAH SEKARWANGI
BADAN LAYANAN UMUM DAERAH
Jalan Raya Sekarwangi Nomor. 49 Telepon 0266-531261 faksimil 0266-531646
E-mail: rsosekarwangi@gmail.com Website: www.rsosekarwangi.go.id
CILADAK-SUKABUMI 43351

DATA BOR LOS TOI RSUD SEKARWANGI
TAHUN 2020

Bulan	Jumlah TT	Jumlah Pasien Keluar	Jumlah Lama dirawat	Jumlah Hari Rawat	BOR	LOS	TOI	BTO	Meninggal < 48 jam	Meninggal > 48 jam	Jumlah Meninggal	NDR	GDR
Januari	349	2291	7666	6768	63%	3,2	1,7	6,8	28	59	87	0,26	0,38
Februari	349	2114	7142	6907	63%	3,0	1,6	6,8	27	47	74	0,20	0,32
Maret	349	2223	6796	5851	54%	3,0	2,2	6,6	20	44	64	0,20	0,29
April	323	1611	6644	4080	42%	2,8	3,3	5,2	23	41	64	0,25	0,40
Mei	301	1306	3888	3425	37%	2,8	4,3	4,6	22	47	69	0,36	0,53
Juni	311	1578	4412	4365	47%	2,7	3,1	5,2	16	33	49	0,21	0,31
Juli	312	1756	5715	4778	49%	3,2	2,7	5,8	8	35	43	0,20	0,24
Agustus	318	1659	4894	4507	46%	2,9	3,1	5,4	29	30	59	0,18	0,36
September	339	1615	4777	4287	42%	3,1	3,8	4,6	22	27	49	0,18	0,32
Oktober	332	1335	4538	4073	40%	3,3	4,5	4,1	8	26	34	0,19	0,25
November	310	1431	5004	4382	47%	3,4	3,3	4,8	14	30	44	0,21	0,31
Desember	315	1468	5077	4177	43%	3,3	3,7	4,8	15	35	50	0,24	0,34
Jumlah	326	20486	64563	57100	48%	3,0	2,9	65,0	232	454	686	0,22	0,33

sumber data : SIMRS

Kepala Bidang Pelayanan Medis

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