IMPROVING QUALITY OF SERVICE WITH CRM (CUSTOMER RELATIONSHIP MANAGEMENT) APPROACH IN THE MAIN CLINIC OF HANDAYANI BANDUNG

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ABSTRACT

Klinik Utama Kebidanan Handayani is one of the midwifery clinics located in Bandung. Types of services available at Klinik Utama Kebidanan Handayani are specialist policlinic services, public polyclinic services, and polyclinic services for child specialist. In accordance with the vision and mission Main Clinic Handayani Kebidanan always trying to make the best midwifery clinics in the service of mother and baby in the city of Bandung.

Currently the clinic has never conducted a patient satisfaction survey, because currently the clinic does not yet have an assessment indicator that matches the services available in the clinic, it causes the clinic director to have difficulty in knowing the value of service that has been given from the patient side. It also leads to the clinic director not being able to determine which services should be prioritized for improvement in accordance with the expectations of the patient. From the problem it raises the idea of designing and implementing Customer Relationship Management strategies, which can assist the director in recommending effective clinical service improvement proposals hope and patient needs. After going through the testing phase, this information system can solve the problems that occur. The clinic director can know the value of service quality that has been given to the patient and can provide a service improvement proposal in accordance with the expectations of the patient.

Keywords : CRM, servqual, kualitas layanan, customer relationship management

1. INTRODUCTION

1.1. Background

Main clinic Obstetrics Handayani is one midwifery clinics located in Bandung. The types of services that are available at the main Clinic Obstetrics specialist clinic services namely Handayani obstetrician, General clinic services, specialist clinics and services. Main clinic Obstetrics Handayani currently has two types of patients, namely outpatients and inpatients. In accordance with its vision and mission Main Clinic Obstetrics Handayani always trying to make the best obstetrics clinics in the service of mother and baby in Bandung.

According to the Decree of the Minister of State for administrative reform number: 63/KEP/M. PAN/7/2003 about the guidelines of the Organization of the public service of the Minister of State for administrative reform, a measure of the success of public service providers is determined by the level of satisfaction of the recipient of the service. The satisfaction of recipients of public services is achieved if the recipient of the services obtain the services according to what is needed and expected. Therefore each service providers should periodically perform a satisfaction survey to recipients of services.

In the year 2016 the party Main Clinic Obstetrics Handayani decline visits patients, decreased patient visits occur at the polyclinic services content. Recapitulation report data from patient visits in January 2016-July 2016 there are 77 known patients who do control back on the schedule already determined (Attachment D-1). Based on the results of the interview to the Director of the main Clinic Obstetrics Handayani currently clinic had never conducted a survey of patient satisfaction, because currently the clinic does not yet have an appropriate assessment of the indicator with the services available in the the clinic, the clinic Director resulted in it having difficulty in knowing the value of a service that has been given from the side of the patient. It also led to the Director of the clinic could not determine which services should be prioritized to do repairs in accordance with the expectations of the patient.

To maintain the trust and satisfaction of patients in using the services at the main Clinic Obstetrics Handayani, the clinic needs to know what is expected by the patient. The patient has the right to assess a service they had received. Determination of priority repair and improvement of the quality of service required in order to increase the satisfaction of the patient so that the patient is willing to continue to use the service at the main Clinic Obstetrics Handayani.

Customer Relationship Management (CRM) is a business strategy that focuses on customers in the

business of creating value to customers with the goal of maintaining long term customers, enhance customer loyalty, and get new customers. A company must have a special strategy in improving the quality of service given the increasingly tight competition. CRM is also useful as a means to create value for customers is related to a product or service that is produced by a company.

Hence the need to building a Customer Relationship Management system to assist in the analysis of the quality of clinical services should be increased in accordance with the expectations of the patient.

1.2 Research Objectives

As for the goals of this research are:

1. Assist the Director of the clinic in setting indicators assessment and find out the value of the quality of service that has been given from the side of the patient
2. Assist the Director of the clinic of the priorities proposed in providing services which should be fixed in accordance with the expectations and needs of the patient.

2. THE CONTENT OF RESEARCH

2.1 CRM *(Customer Relationship Management)*

CRM is a combination of 3 interrelated things i.e. Customer, Relationship, and Management. A third explanation of the matter as follows [3]:

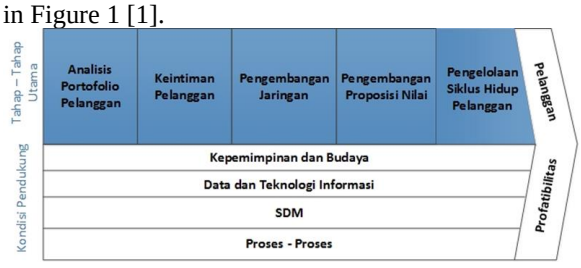
1 **Customer** is service users of goods or services of a business organization that provides advantages for the company.

2 **Relationship** is a relationship between customer with the company which can be either communications or interactions that may occur long term, short term, continuous, or only once.

3 **Management** is a data and information obtained from customer causes a company can map how the behavior and habits of customers, so it can be used as an added value to the company, to improve services as well as competing with other competitors.

2.2 *Value Chain* CRM

The CRM value Chain is one of the architecture that can be used in the construction of CRM within a company. The CRM value Chain created by Francis Buttle. In the CRM value chain there are the main stages and the supporting conditions that can be seen in Figure 1 [1].



Gambar 1. *Value Chain* CRM

Each of the stages and the supporting condition on the CRM value chain Framework in Figure 1 are described as follows:

1. The Main Stages

a. Customer Portofolio Analysis

Portofolio in the portfolio analysis of the customer indicates that results from this stage that is the form of the classification of customers into different groups then managed portfolio based on [1].

b. Customer Intimicy

The aim of the stage is to recognize customers better so it can be known to customer data, customer history, transaction history, goals, needs, expectations, profits, the choice and quality of the raw.

c. Network Development

The goal at this stage is to achieve the purpose of CRM in demanding the company to develop and manage a business network comprising goods suppliers, business partners, investors, and workers.

d. Value Proposition Development

In the early stages of this first value creation is done to find out how good customer service that's been given a company to its customers. Within the scope of the business value for our customers comes from the service companies provide, i.e. the value of the product, the value of the service. the value of the process, the value of HUMAN RESOURCES, the value of the physical evidence, the value of the customer, the value of communication channels and customer experience.

Customer value can be created through product innovation, the package of products and services, brands and product synergy. Whereas in order to obtain the value of the services can be done through several methods, such as improving the quality of service, service level agreement, and the program recovery services [1].

e. Manage the customer

At this stage there were two notable ideas about managing the customer life cycle, i.e., gaining new customers (aquire), care (retention) and pengembangaan customers. These ideas form the customer life cycle.

2. Supporting Conditions

a. Culture and Leadership

Corporate leaders are very instrumental in the success of CRM due beberapan reasons. The role of a leader desperately needed at the time of determining the focus of CRM, CRM are on strategic objectives, operational, or analysis.

Organizational culture is the shared beliefs values and patterns that assist individuals in understanding the function of the Organization so as to provide the norms of behaviour to those within the Organization [1].

b. Data dan Technology Information

Data and information technology is the second major condition that supports the application of

CRM. In the implementation of CRM customer data quality has an important role. Data requirements are necessary depending on the five main stages in the value chain of the CRM.

c. Human Resource Management

The role of HR in CRM CRM strategy, i.e. to determine HUMAN RESOURCES chose it solutions, HR implement and use these it solutions, HR in a company must be berkordinasi each other in running the CRM, human resources to create and save customer database, HR contributed to customer care and satisfaction when they're interacting with customers.

d. Process

The process of running the CRM can be divided into two process on the front-office and back-office. An example of the process on the front-office namely interaction with customers directly, how complaints management, and process service orders. While the example in back-office processes such as procurement of goods or services, process scheduling, quality of service analysis.

2.3 Servqual Method

Method of Servqual (Service Quality) developed by Parasuraman, et.al (1990). The method is based on Servqual questionnaire consisting of several items that measure customer expectations and judgments against the five major components of variable quality of service described by Parasuraman. Model servqual gap identify reasons for any gap between the assessment and the expectations of customers.

Et.al Parasuraman (1990) identified five major components of service quality, and will be described as follows:

a) Reliability, the ability to run the promised service appropriately and reliably.
b) Assurance, i.e. the knowledge and courtesy officers as well as their capabilities in providing trust and confidence.
c) Tangible, that display of physical facilities, equipment, personnel, and communication materials.
d) Empathy, that the disclosure of the attention and concern to customers.
e) Responsiveness, i.e. the willingness to help customers and providing service immediately.

2.4. Value Chain CRM Analysis

In an attempt to implement a customer relationship management (CRM) within a corporate organization either in the product or service required a CRM architecture as a starting point. CRM architecture used in implementing the CRM system at the main Clinic Obstetrics Handayani using the CRM value chain.



Gambar 2. Value Chain CRM Klinik Utama Kebidanan Handayani Bandung

1. Main Stages

a. Customer Portofolio Analysis

Customer portfolio analysis is the analysis of the main stages in the model of the CRM value chain. Based on business rules in progress, customers at the main Clinic Obstetrics Handayani i.e. patients registered at the main Clinic Obstetrics Handayani Bandung.

Based on the goal of CRM is determined to improve the quality of service in the implementation process of the patient satisfaction survey, respondents to fill out the questionnaires are all patients who have received services in Major Obstetrics Clinic Bandung.

b. Customer Intimicy

In an effort to find out the value of the quality of services already provided by the clinics will be built information systems for patient satisfaction survey in Main Clinic Obstetrics Handayani. The implementation of patient satisfaction survey will be conducted through the dissemination of a questionnaire that has been set based on the alignment of charge indicators will factor in the excellent service with 5 dimensions of servqual.

Step 1. Determine the dimensions of the measured variables

The variable is a concept which has variations in value. In the measurement of quality of service using servqual method there are some attributes that will be measured by observing the five dimensions that is tangible, reliability, responsiveness, assurance and emphaty. The fifth dimension that are aligned with excellent service in accordance with the decision of the Minister of State for administrative reform number: 63/KEP/M. PAN/7/2003 about the guidelines of the Organization of the public service Minister utilization of State apparatus.

Tabel 1 The alignment factors of excellent service with the dimensions of the Servqual

NO	EXCELLENT SERVICE	DIMENSI SERVQUAL
1	Simplicity	*Reliability*

2	Clarity	*Assurance*
3	The certainty of the time	*Reliability*
4	Accuracy	*Assurance*
5	Security	*Reliability*
6	Responsibility	*Emphaty*
7	Completeness of facilities and infrastructure	*Tangible*
8	Ease of access	*Reliability*
9	Discipline, courtesy, and hospitality	*Responsiveness*
10	Comfort	*Tangible*

Step 2. The creation and dissemination of a questionnaire

The questionnaire has been provided consisted of 15 statement by observing the 5th dimensional variables are already aligned with excellent service. The number of respondents who fill this questionnaire as much total 90 questionnaire that is 30 for patients of specialist clinic gynecologist, 30 children's clinic for patients and 30 public clinic for patients. Total respondents randomly selected at the time of the visit to the clinic. In declaring the respondent's assessment may be filled in answers based on Likert scale. Likert scale was divided into 5 rounds with a scale of assessment as follows:

Table 2 description of Likert Scale

SCALE	EXPECTATION VALUE	PERCEIVED VALUE
1	Not important	Very dissatisfied
2	Less important	Not satisfied
3	Quite important	Ordinary
4	Important	Satisfied
5	Very Important	Very satisfied

After the alignment between the factors of excellent service with five dimensions of servqual then compiled the questions with reference to the results of mapping each of the dimensions. The result of the statement can be seen in table 3.

Table 3 contents of the Servqual Questionnaire Statements

DIMENSIONS	Var	PERNYATAAN
reliability	V1	Rapid patient admission procedure
	V2	Service quick and precise inspection
	V3	Quick and proper treatment
	V4	Schedule a clinic service in accordance with the already determined (doctor visits, hours of rest)
Responsiveness	V5	The willingness of doctors and nurses in dealing with patient complaints
	V6	Officials clinics provide clear information
	V7	Fast action when patients need
Assurance	V8	Knowledge of physicians in diagnosing diseases
	V9	A polite and friendly service
	V10	Guarantee the security of and confidence in the service
Emphaty	V11	Attention to the patient and family
	V12	Give special attention to terhapat the patient and his family
tangible	V13	Cleanliness, neatness and comfort of the room
	V14	Completeness inspection equipment and hygiene
	V15	Neatness and cleanliness of the doctors, nurses, and officers

Step 3. Process Data The Results Of The Questionnaire

- Looking for value weighting perception

In search of value weighting for each variable of perception statement using the formula (1):

$\sum$pi=($\sum$SPs x 5)+($\sum$Ps x 4)+($\sum$Bb x 3)+($\sum$TPs x 2)+($\sum$STPs x 1) (1)

Description:

$\sum$pi = The number of values of the weighting for the statement of perception

$\sum$SPs = The number of respondents who chose the answer very satisfied

$\sum$Ps = The number of respondents who chose the answer satisfied

$\sum$Bb = The number of respondents who chose mediocre answers

$\sum$TPs = The number of respondents who chose an answer not satisfied

$\sum$STPs= The number of respondents who chose the answer very dissatisfied

To find the value of the weighting for a statement of hope uses the formula (2):

∑hi=(∑Sp x 5)+(∑P x 4)+(∑Cp x 3)+(∑Kp x 2)+(∑Tp x 1) (2)

Description :

∑hi = The number of values of the weighting for a statement of expectations

∑Sp = The number of respondents who chose the answer is very important

∑P = The number of respondents who chose the answer important

∑Cp = The number of respondents who chose the answer quite important

∑Kp = The number of respondents who chose the answer is less important

∑Tp = The number of respondents who chose the answer is not very important

- Determine the average rating for the statement persespsi and expectations on any variable

In looking for the average rating for the statement's perception of each variable using the formula (3):

Pi=(∑pi)/n (3)

Description :

Pi = The average value of the variable to the respondents to answer-i

∑pi = The number of values of the weighting for the statement of perception

n = The number of respondents

In looking for the average rating for the statement of expectations from each variable using the formula (4):

hi=(∑hi)/n (4)

Description :

hi = The average value of the variable to the respondents to answer-i

∑pi = The number of values of the weighting for a statement of expectations

n = The number of respondents

-Calculate the value Gap 5

Calculate the value of the servqual aims to find out the value Gap 5 on each variable. 5 gap is the gap between the expected service with services that are acceptable to the customer. To get the value Gap 5 on each variable used formula (5) as follows:

Qi=Pi-Hi (5)

Description :

Q = The value Gap 5 for each varabel to a-i

Pi = The average rating for the statement of perception for the variable to-i

hi = The average rating for the statement of expectations for variable to-i

1. Processing the questionnaire content of Clinic Service

Results of questionnaire processing specialist clinic service content can be seen in table 4.

Table 4 results of Processing the questionnaire content of Clinic Service

VARIABEL PERNYATAAN	HARAPAN		PERSEPSI		NILAI *GAP 5* $(Qi = pi - hi)$
	NILAI PEMBOBOTAN $(\sum hi)$	NILAI RATA-RATA (hi)	NILAI PEMBOBOTAN $(\sum pi)$	NILAI RATA-RATA (pi)	
V1	135	4,50	122	4,06	-0,44
V2	128	4,26	123	4,10	-0,16
V3	126	4,20	104	3,46	-0,74
V4	128	4,26	102	3,40	-0,86
V5	133	4,43	112	3,70	-0,73
V6	132	4,40	110	3,67	-0,73
V7	135	4,50	117	3,90	-0,60
V8	138	4,60	118	3,93	-0,67
V9	133	4,43	111	3,70	-0,73
V10	128	4,26	117	3,90	-0,36
V11	137	4,56	113	3,80	-0,76
V12	142	4,73	116	4,10	-0,63
V13	136	4,53	121	4,03	-0,50
V14	140	4,66	115	3,83	-0,83
V15	140	4,66	118	3,93	-0,73

After a gap of 5 values of each indicator assessment clinic services on content then it can be a statement known to have the largest negative value that a variable with a statement of service schedule V4 clinic according to the schedule already (doctor visits, hours of rest).

2. Cultivate children's Polyclinic Services questionnaire

Results of questionnaire processing child specialist clinic service can be seen in table 5.

Table 5 results of Questionnaire Processing Child Clinic Services

VARIABEL PERNYATAAN	HARAPAN		PERSEPSI		NILAI *GAP 5* $(Qi = pi - hi)$
	NILAI PEMBOBOTAN $(\sum hi)$	NILAI RATA-RATA (hi)	NILAI PEMBOBOTAN $(\sum pi)$	NILAI RATA-RATA (pi)	
V1	136	4,53	118	3,93	-0,60
V2	139	4,63	126	4,20	-0,43
V3	131	4,37	119	3,97	-0,40
V4	137	4,57	116	3,87	-0,70
V5	137	4,57	117	3,90	-0,67
V6	132	4,40	124	4,13	-0,27
V7	136	4,53	120	4,00	-0,53
V8	134	4,47	119	3,97	-0,50
V9	133	4,43	122	4,07	-0,37
V10	134	4,47	121	4,03	-0,43
V11	131	4,37	121	4,03	-0,33
V12	133	4,43	118	3,93	-0,50
V13	130	4,33	119	3,97	-0,37
V14	137	4,57	120	4,00	-0,57
V15	135	4,50	122	4,07	-0,43

After knowing the value gap 5 of each indicator assessment on children's polyclinic services then it can be a statement known to have the largest negative value that a variable with a statement of service schedule V4 clinic that fits the schedule already determined (doctor visits, hours of rest).

2. Cultivate a Public Clinic Service questionnaire

Results of questionnaire processing child specialist clinic service can be seen in table 6.

Table 6 the results of Processing the questionnaire Public Clinic Services

VARIABEL PERNYATAAN	HARAPAN		PERSEPSI		NILAI *GAP 5* $(Qi = pi - hi)$
	NILAI PEMBOBOTAN $(\sum hi)$	NILAI RATA-RATA (hi)	NILAI PEMBOBOTAN $(\sum pi)$	NILAI RATA-RATA (pi)	
V1	136	4,53	118	3,93	-0,60
V2	139	4,63	116	3,87	-0,77
V3	126	4,20	113	3,77	-0,43
V4	133	4,43	114	3,80	-0,63
V5	129	4,30	105	3,50	-0,80
V6	131	4,37	112	3,73	-0,63
V7	136	4,53	109	3,63	-0,90
V8	136	4,53	110	3,67	-0,87
V9	135	4,50	113	3,77	-0,73
V10	130	4,33	109	3,63	-0,70
V11	136	4,53	112	3,73	-0,80
V12	129	4,30	117	3,90	-0,40
V13	129	4,30	108	3,60	-0,70
V14	134	4,47	110	3,67	-0,80
V15	134	4,47	113	3,77	-0,70

After knowing the value gap 5 of each of the assessment indicators in general clinic services then it can be a statement known to have the largest negative value of the variable in V7 with fast action when patients need.

Step 4. Recommended services

The results of the analysis of the processing of the questionnaires is a reference that made the goal of achieving quality of service that exists today. Processing of the results of the questionnaire can be known to the service being performed or evaluation recommendations for improvements to the determination of the magnitude of the value of this result is based on the gap in Gap 5 between satisfaction expectations and perceptions are accepted at this time.

Based on the results of processing the questionnaire then be known variable declaration that has the largest negative value on each service that is can be seen in table 7.

Table 7 Service Recommendations

Service	Variabel	Statement
Polyclinic Gynecologist	V4	Schedule service clinic according to the schedule already determined (doctor visits, hours of rest).
Children's Clinic	V4	Schedule service clinic according to the schedule already determined (doctor visits, hours of rest).
General Clinic	V7	Fast action when patients need.

c. Network Development

The network is currently available in the clinic in an effort to create value for customers is the clinic is working with equipment provider health and drug production company. Internal network that exists today that is a specialist doctor, midwife, registration officers and medical record, administration and HUMAN RESOURCES and the attendant on each unit of service.

In accordance with the purpose of CRM for improved quality of service then the value of the services that are already in the can at the stage of customer intimacy, in this case, the clinic will respond to and deal with the results of the satisfaction survey patients with report it to the clerk associated namely service unit Director of clinics with each service unit in which had the value of the services is not good for patients.

d. Development Value Proposition

At this stage of the development of the value proposition of these clinics will perform evaluation and improvement on low-rated service for patients by working together on related services unit already explained at this stage of the development of the network.

Evaluation and repair services at value focus on indicators on each of the services has a value gap 5 low, that will explain in table 8.

Table 8 Proposed repair service

THE SERVICE TYPE	VAR	STATEMENT	PROPOSALS FOR IMPROVEMENTS
Polyclinic Gynecologist	V4	Schedule service clinic according to the schedule already determined (doctor visits, hours of rest).	Adjust the return schedule between the clinics with doctors who practice.
Children's Clinic	V4	Schedule service clinic according to the schedule already determined (doctor visits, hours of rest).	Adjust the return schedule between the clinics with doctors who practice.
General Clinic	V7	Fast action when patients need.	Increase the number of nurses on duty at the public clinic

e. Manage the customer

In maintaining existing patients clinical party tries to do the evaluation and improvement of the

services in accordance with the demands and expectations of the patient. Complaint feedback system of the patient is also required so that what is complained of by the patient can be carried and origin nicely.

Currently in view information services Clinic patients should go to directly to the clinic. In the delivery of patient feedback should also deliver it with go to directly to the clinic and deliver on patugas which is in the clinic.

In the system that will be built will also be provided a service complaint critiques and recommendations to make criticisms and suggestions submitted by the patient can be directly read by origin and with good.

2. Supporting Condition

a. Culture and Leadership

The Director of the main clinic Obstetrics Handayani always apply a pattern and confidence to each section in charge at the clinic, where everything should work in accordance with the vision and mission of the main Clinic Obstetrics Handayani. According to the vision of the main Clinic Obstetrics Handayani Bandung IE renders the main Clinic Obstetrics are the best in the service of mother and baby in Bandung, then quality improvement efforts the service is a CRM strategy that needs to be done by the clinic.

b. Data dan Technology Information

To support each stage on the main stages of the application of the CRM value chain in Major Obstetrics Clinic Handayani Bandung needed data and information technology support.

In an effort to improve the quality of service so that patients are entitled to become respondents in the survey of service quality should terdatabase with good and for supporting the assessment of the quality of service it will be built a service quality assessment system can be accessed by any patient who is already registered.

CRM system that diterapakan will do the processing kuseioner automatically filled by the patient, which can directly provide the value of existing services as well as be able to provide the proposed service improvements in Major Obstetrics Clinic Bandng Handayani.

c. Human Resource Management

HUMAN RESOURCES in charge of providing services at the main Clinic Obstetrics Handayani currently i.e. obstetrician, pediatrician, general practitioner, nurses, officers registration and medical record.

In the implementation of CRM for service quality assessment surveys in the main Clinic Obstetrics Handayani then human resources plays an important role in achieving the success of the application of the CRM clerk registration and medical record, administration and HUMAN RESOURCES, the Director and the patient.

d. Process

Business processes that are happening today in the main Clinic Obstetrics Handayani i.e. registration business process, business process patient medical record, payment business processes. In support of the application of CRM in the main Clinic Obstetrics Handayani Bandung then corresponds to the goal of CRM is to improve the quality of services will be added to the process a patient satisfaction survey about the quality of services at the clinic. On a CRM system that will be built will handle the business process the registration of patients, patient medical record, logging complaint critiques and suggestions of the patient, and patient satisfaction survey about the quality of services at the clinic.

3. COVER

3.1 Conclusion

Based on the test results and discussion has been made then the conclusion can be drawn as follows:

1. Customer relationship management systems can assist the Director in knowing the value of the quality of service that has been given to the patient because it was the establishment of the assessment indicators in accordance with the service in Klinik Utama Kebidanan Handayani
2. customer relationship management System can help the clinic Director in determining the appropriate service improvement proposals in the hopes of patients based on the online questionnaire provided by the system.

3.2 Advice

Advice can be given against a CRM system that has been created namely system could be developed further so that it could include payment functionality and can store data on the pharmaceutical drug supplies.

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