
Analysis Of Waiting Time For Patient Services Of Disease Polyclinic At Hkbp Balige General Hospital

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Abstract

Waiting time for prescription services is a minimum standard for pharmaceutical services, with fast waiting times it can improve the quality of pharmaceutical services. The waiting time for non-concoction or concoction prescription services is the time period from when the patient submits the prescription to receiving non-concoction or concoction drugs with a length of time ≤ 30 minutes for non-concoction drugs and ≤ 60 minutes. This study aims to determine the waiting time for prescription services at the Outpatient Internal Medicine Polyclinic at HKBP Balige General Hospital. The design used in this study was descriptive, the population was all outpatient prescriptions at the Internal Medicine Polyclinic. The research sample was 80 recipes taken by accidental sampling. The instrument used is the prescription service waiting time observation sheet. Based on data analysis, 16 recipes (20%) met the requirements and 64 recipes (80%) did not meet the requirements and were non-concoction recipes. The results of this study indicate that the waiting time for prescription services is not up to standard. It is hoped that the management of the HKBP General Hospital will add Pharmacy Technical Personnel to the Pharmacy Installation so that the waiting time for prescription services will be faster.

Keywords: *Keywords: Waiting time, Recipe service, Minimum Service Standards*

INTRODUCTION

Pharmacy services in hospitals are an activity that supports the implementation of quality health services for patients. Pharmacy services in hospitals are an integral part of the hospital service system which is oriented towards patient care, providing quality and affordable pharmaceutical preparations, medical devices and medical consumables for all levels of society, including clinical pharmacy services (Permenkes No. 72, 2016). Minimum Service Standards (SPM) are technical specifications regarding minimum service benchmarks provided by the Public Service Agency to the public. SPM in Hospitals which concerns pharmaceuticals is divided into several criteria, namely the waiting time for ready-made drugs and concocted drugs (Menkes, 2008).

One of the services in a hospital that is expected to meet minimum service standards is pharmacy services. This is clarified by the Decree of the Minister of Health Number 72 of 2016 concerning Pharmaceutical Service Standards which are benchmarks used as guidelines for pharmaceutical staff in administering pharmaceutical services (Permenkes No.5, 2014). Pharmaceutical service standards aim to improve service quality, guarantee legal certainty for pharmaceutical staff, and protect patients and the public from irrational drug use in the context of patient safety (Presiden RI, 2014).

The waiting time for finished drug service is the time period from when the patient submits the prescription to receiving the finished drug with a minimum standard set by the Ministry of Health, which is ≤ 30 minutes, while the waiting time for concocted drug service is the time period from when the patient submits the prescription to receiving the concocted drug, which is ≤ 60 minute. The waiting time for drug prescription services is faster than the time for concocted drug

prescription services because prescription drug services do not go through a dispensing process (Hidayat et al., 2016).

According to research conducted by (Esti et al. 2015) states that waiting time is one of the factors that influence patient satisfaction. Long waiting time is one component that has the potential to cause patient dissatisfaction. If the waiting time is long, it will reduce patient comfort and affect patient utility in the future.

According to a survey conducted by Health Services and Outcomes Research, National Healthcare Group Singapore, apart from prescription accuracy and drug affordability, waiting time for drug services greatly affects patient satisfaction, which is less than 30 minutes. Dissatisfaction with long waiting times influenced perceptions of the overall quality of hospital services and reduced hospital visits (Megawati et al., 2015).

The results of several studies indicate that the waiting time for prescription services is still long or does not meet the minimum service standards set by the ministry of health, such as research conducted by (Nofriadi et al., 2019) the waiting time is > 60 minutes. While research conducted by (Septini, 2019) the average waiting time for non-concoction recipes is 39 minutes and concoction recipes is 60.4 minutes.

HKBP General Hospital is a private hospital that is included in the class C category and is plenary accredited, and is one of the health service referral centers that strives to provide comprehensive services in the health sector accurately and precisely in the Toba Regency area. The number of patients visiting the HKBP Balige General Hospital is increasing every year, which means an increase in the density of the number of registration queues at the hospital and this will have an impact on the patient's waiting time becoming longer. In managing medicines and consumables, we have used the e-catalog application and also manually.

Based on this background, until now there has been no research on evaluating waiting time for outpatient prescription services at the Pharmacy Installation of HKBP Balige General Hospital, so research is needed to evaluate the implementation of Minimum Service Standards (SPM) in pharmaceutical hospitals with the aim of the results of this study being evaluation material for provide better service.

RESEARCH METHODS

Design This research is a descriptive research. This study aims to determine the average waiting time for outpatient prescription services for internal medicine polyclinics at HKBP Balige General Hospital for the period July 2022. The sampling method used was the accidental sampling technique with the criteria for prescriptions from outpatient internal medicine polyclinic patients. The population referred to in this study were prescription sheets for outpatient internal medicine polyclinics for the period July 2022. Accidental sampling was taken by taking all existing or available internal medicine polyclinic outpatient prescriptions. The data collection technique in this study was through observation/direct observation with this research instrument using a Data Collection Sheet (LPD) which contained the patient's name and identity, length of time for receiving prescriptions, processing prescriptions, administering drugs, and total prescription service time (minutes). The tools used in this study are using a clock as a tool for calculating time, pens and using Microsoft Excel as a tool for analyzing the data obtained

RESULTS AND DISCUSSION

The research results obtained by calculating the waiting time for 80 recipes, all of which are non-concoction/finished drug recipes, the waiting time starting from the submission of the prescription to the delivery of the drug can be seen in table 1.

Table 1. Appropriate Waiting Time for Prescription Services at Minimum Service Standards

No	Waiting time	Amount	Percentage
1.	Meet the minimum standard of prescription services	16	20
2.	Does not meet the minimum standards for prescription services	64	80
Total		80	100

Based on table 1, the waiting time that met the minimum standard for prescription services was 16 (20%) and those that did not meet the minimum standard for prescription services were 64 (80%).

Table 2 Comparison of Total Average Waiting Time

No	Waiting time	Time average	Percentage
1.	Reception	00.05.00	13.07
2.	Dispensing	00.28.26	73.86
3.	Submission	00.05.00	13.07
Total		00.38.26	100

Based on table 2, the waiting time that required the most time was in the dispensing phase (73.86%) and the least in the receiving and delivery phase (13.07%) for each phase.

Discussion

Based on table 1, it is known that only 16 recipes met the requirements, this means that out of 80 recipes, only about 20% were in the proper category. The average time for receiving prescriptions by Pharmacy Technical Staff is only taken within the first hour on the first day the prescription is received. So that for 16 recipes in one day the reception time is the same as the reception time for the first recipe. Furthermore, the dispensing time is calculated one by one according to the time. For the next stage, namely the drug delivery stage by the pharmacist to the patient, at this stage the waiting time is also determined from the waiting time for the first drug delivery on that day. So to calculate the waiting time for prescription services, namely: the difference in time from receiving the prescription + dispensing to completion + delivery of the drug. Then after doing the same thing for 80 recipes, the total time is added up and then divided by 80 and this result is called the average. For the classification itself, I made numbers 1 & 2, where 1 (≤ 30 minutes) and 2 (> 30 minutes).

Of the 16 recipes that are said to meet the minimum standard of prescription service because the amount of time needed to process ≤ 30 minutes. The difference between the 16 and 64 recipes could be due to the variation in dispensing processing time. This incident often occurs because when processing prescriptions, the ability to read prescriptions is considered influential in the speed of

service. This makes the Pharmacy Technical Staff several times have difficulty reading the writings of the prescribing doctor, so they have to ask other officers, this incident clearly prolongs the service process. For non-concoction recipes, the drug can be prepared immediately without having to mix it first. However, at this stage, problems sometimes occur because when taking drugs, the Pharmacy Technical Staff also has to manually reduce drug stock on the stock card, thereby increasing the time it takes to process prescriptions (Priyoherianto et al., 2021).

The results of this study stated that the average waiting time for outpatient prescription services for internal medicine polyclinics at the pharmacy installation at RSU HKBP Balige did not meet the minimum hospital service standards according to Kepmenkes No.129 of 2008 which has minimum service standards for non-concoction prescriptions ≤ 30 minutes and concoction recipes ≤ 60 minutes. There were 16 recipes that met the standard waiting time for recipe service and 64 that did not meet the standard, and all of these recipes were non-concoction recipes. The average time needed to complete the non-concoction recipe is 38 minutes.

The main factors that affect the length of time waiting for prescription services at the pharmacy installation at RSU HKBP Balige are three phases, the first phase is when receiving a prescription. Acceptance is carried out by the Pharmacy Technical Personnel who carry out the screening work. At the time of screening, several obstacles occurred, for example, the prescription of drug doses varied and the ambiguity in writing the name of the drug in the prescription. So that the process for screening prescriptions is hampered. The second phase is when preparing the recipe (dispensing). The ability to read recipes is considered the most influential in the speed of service, but so far there has been no specific training to improve the ability of employees to serve. This made it difficult for the Pharmacy Technician several times to read the writing from the prescribing doctor, so they had to ask other officers, this obviously lengthened the service process. For non-concoction recipes, the drug can be prepared immediately without having to mix it first. However, during this phase, problems sometimes occur because when taking drugs, the Pharmacy Technical Staff also has to manually reduce drug stocks on the stock card, thereby increasing the time it takes to process prescriptions. The third phase is at the time of delivery, when the delivery is carried out by calling the patient's name through the queue number system. Then the pharmacist will hand over to the patient and explain the use and clarify the rules for using the drug. But at one time the finished medicine piled up on the drug delivery table, this was due to waiting for the processing of the prescription with an earlier queue number and collecting the finished medicine on several recipes for a single summons.

Human resources (HR) in terms of quantity are still inadequate, the number or number of pharmaceutical technical personnel in hospital pharmacy installations greatly affects the speed of prescription services at these installations. Officers consisting of 1 pharmacist who distributes drugs and 2 Pharmacy Technicians who are in charge of inputting patient data and 8 Pharmacy Technicians are divided into 3 shifts, and the Pharmaceutical Technicians who carry out prescriptions for the entire poly, both outpatient, general and inpatient.

Based on Permenkes number 56 of 2014 concerning Hospital Classification and Licensing, Class C General Hospital HR for pharmacy staff working in outpatient care is 2 (two) pharmacists who are assisted by at least 4 (four) pharmacy technicians, whereas in Permenkes No. . 72 of 2016 concerning Pharmaceutical Service Standards in Hospitals, it is explained that calculating the need for pharmacists is based on workload in outpatient pharmaceutical services which includes managerial pharmacy services and clinical pharmacy services with prescription review activities, drug delivery, recording of drug use (PPP) and counseling , ideally a pharmacist is needed with a ratio of 1 pharmacist for 50 patients.

Based on research conducted by Sharif and Sukri, there are four factors that influence waiting time, one of which is the Human Resources factor. Human resources that are less skilled and professional will cause the service duration to be longer. Conversely, the availability of skilled human resources, length of work, workload, and employee knowledge affect the waiting time.

According to Puspitasari, work experience influences individual performance behavior. The longer a person's work experience, the more skilled he will be and the longer a person's working period will further add insight and maturity in carrying out tasks. The second factor is the facility equipment or facilities and infrastructure. For example, a computer program that is not perfect or not enough will result in some work being done manually, thus affecting the length of service time and waiting time. The third factor is the patient. The behavior of patients who are less orderly and disciplined has an effect on increasing waiting times. The fourth factor is the registration process, meaning the process of how the prescription system enters the pharmaceutical installation to provide services for placing a lot of counters and not being precise can potentially confuse patients in terms of finding counters (Angelina Puspitasari et al., 2021).

According to research conducted by (Wijaya, 2012) waiting time is influenced by human resources, type of patient, type of prescription, drug availability, doctor's prescription, facilities and infrastructure, drug formulary, standard operating procedure (SOP) for prescription service and prescription service process factors which include : receipt of prescriptions, pricing of drugs, payment, collection and dispensing of drugs, administration of drug labels, and delivery of drugs to patients. The number of prescriptions received at the pharmacy depot is also one of the factors that affect the waiting time for prescription services. In addition, the number of medicinal items per prescription and the number of prescription concoctions also affect the length of time waiting for prescription services (Maftuhah & Susilo, 2016).

According to the research of Himyatul Hidayah, Surya Amal, Neng Hana Herdiani, 2021 the average waiting time for non-concocted medicines or medicines is 51 minutes, while research conducted by (Septini, 2011) the average waiting time for non-concocted recipes is 39 minute.

CONCLUSION

Based on the results of the research that has been done, it can be concluded that the average waiting time required to complete a non-concoction recipe is 38 minutes. This shows that the waiting time for outpatient prescription services at the internal medicine polyclinic at the pharmacy installation at RSU HKBP Balige has not met the minimum service standard according to the Ministry of Health of the Republic of Indonesia in 2008, namely 30 minutes of non-concoction prescriptions. It is hoped that HKBP Balige General Hospital will increase the number of pharmacy officers to speed up the prescription service process at the Pharmacy Installation and separate outpatient, inpatient and emergency depots to speed up the service process.

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