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PROVIDING ADEQUATE INFORMATION FOR OUTPATIENTS IN RSUPN DR. CIPTO MANGUNKUSUMO JAKARTA NOVEMBER 2018 - FEBRUARY 2019

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ABSTRACT

Background: *Long waiting time in medical services can cause by excess patient capacity, insufficient hospital staff and resources, and long registration process. This problem common happens in hospital in Indonesia, including RSUPN Dr. Cipto Mangunkusumo, Jakarta. In 2017, the average time for waiting to get medical services in RSUPN Dr. Cipto Mangunkusumo was more than 60 minutes. However, the standard of waiting time is less than or equal to 60 minutes. Long waiting time can affect to the patient services and satisfaction. This study aims to examine the effectiveness of providing information at each service points with waiting time at RSUPN Dr. Cipto Mangunkusumo.*
Methods: *This study was a quantitative study with cross-sectional design. Quick Win/ Electronic Health Record recapitulation was used to measure the waiting time to get medical services from registration until met the doctor for each patient. The sample was 1130 patients. The sample in this study was patient who had been recorded in electronic medical record during July 2018 to February 2019. The data analyzed in univariate and bivariate analysis used Chi-square.*
Results: *There was association between providing information at each service points with patient waiting time (95% CI, p= 0.042). After implemented the information of how long-time services needed at each service points, the average time for patient waited has decreased 3 minutes from 120.5 minutes to 117.5 minutes.*
Conclusion: *Providing information at each service points associated with decreasing waiting time for patient. The hospital should increase the performance of health providers and give the appreciation to the polyclinic or department that can achieve the standard of waiting time. Hopefully, giving a honor to the health providers can motivating them to give better health services to the patient and reduce the waiting time.*

Keywords: *Patient services, waiting time, information on patient service time*

INTRODUCTION

Long waiting time in outpatient department is prevailing all in developed and developing countries such factors are over burden of patients, deficiency of hospital staff, inadequate equipment, long registration processes and inadequate human assets are main cause of long waiting time.[1]

Several studies have completed on rising countries have shown that patients pass 2 to 4 hours in outpatient department before the doctor examine .The period of waiting time different from country to country and different from center to center. Both developed and developing countries long waiting time have been informed The average waiting time in USA is about 60 minutes was found in Atlanta,and

average 188 minutes in Michigan. Long waiting time in outpatient department adversely affect delivery of services and experience of clinic by the patients.[1]

Problems in outpatient waiting time also occur at RSUP National Dr.Cipto Mangunkusumo. This is indicated by the achieved indicator of outpatient waiting time that has not reached the target, the indicator determined by the public service body of the ministry of health. The achieved indicator of outpatient waiting time during 2017 at RSUPN Dr. Cipto Mangunkusumo has a trend that continues to increase with an average of more than 60 minutes per month while the indicator target is less than or equal to ($\leqq$) 60 minutes, it causes a buildup of patients and complaints from patients about the discomfort. the hospital then held a meeting to solve the problem using the root problem analysis method. solving the problem of outpatient waiting time is important for the quality of hospital services and achieving patient satisfaction.[2]

The measurement of This indicator is usually assessed starting from patients registration to the moment they meet the doctor in charge of service. The problem root of the indicator that has not been achieved is the doctor who is not present on time and patient assessment conducted by participants in the Education and Specialist Doctor Program (PPDS), the educational participants do not have an authority to provide services without supervision from the doctor in charge of service. Prolong outpatient waiting times also falls into the highest risk of aspects of patient care with a score of 100. The scoring is obtained from multiplication between the impact, frequency and ease of organization to control the risk. The highest scoring result then brings in the outpatient waiting time into risk reduction priority.

RSUPN Dr. Cipto Mangunkusumo is one of the health service centers in central Jakarta that becomes a reference for health services at national level that has a vision of creating unlimited experience for all through an academic health system and one of its missions is to provide comprehensive, quality and affordable health services for people from all socities. RSUPN Dr. Cipto Mangunkusumo is also a hospital that has international accreditation standard. Based on the description above, the hospital must be able to provide quality services and create unlimited experience for patients who go to the hospital, thus it is necessary to conduct a study related to the result of analysis and intervention made to reduce the problem of outpatient waiting time, namely providing information on each service point on outpatient services of RSUPN Dr. Cipto Mangunkusumo The result of study will be used as material for further evaluation to provide better services and improve service quality in the outpatient unit of Dr. RSUPN. Cipto Mangunkusumo according to the standard set by government regulations.

METHODS

Study Category and Design

The study conducted was a quantitative approach with cross sectional design with analytical design. The focus of this study was to examine whether with the policy of providing information on the length of time set for each outpatient service point can reduce the waiting time for outpatient care and data retrieval was done retrospectively using recapitulation in Quick win/Electronic Health Record. Electronic Health Record is electronic record regarding individual health information that is created, collected, managed, used and referred to by an authorized doctor or health worker in a health service organization.[2,3]

Study Subject

Population in this study was outpatients who sought treatment at RSUPN Dr. Cipto Mangunkusumo who were in accordance with the inclusion criteria with the period before the policy (providing information) was implemented until the policy had been implemented. The study have been conducted using a retrospective method in Electronic Health Record for the period of July 2018 - February 2019.

The inclusion criteria of this study were patients who were treated in an outpatient unit according to the service flow starting from arriving at the polyclinic to meeting a doctor in an integrated outpatient unit

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of RSUPN Dr. Cipto Mangunkusumo and the exclution criteria is visitors who do not conform to the flow/visit more than one polyclinics on the same day, the waiting time for medical records is > 1 hour.

In the assessment of outpatient waiting time indicators issued by the Ministry of Health, there is a score that aims to start the hospital performance index value. the scoring is illustrated in table 1

Table 1. WTRJ Indicator Scoring

WTRJ (minute) :
WTRJ ≤ 60 --> score = 100
60 < WTRJ ≤ 80 --> score = 75
80 < WTRJ ≤ 100 --> score = 50
100 < WTRJ ≤ 120 --> score = 25
WTRJ > 120 --> score = 0

Tool

The tool used to obtain outpatient waiting time data is Quick Win/Electronic Health Record recapitulation.

Operational Definition

a. Outpatient waiting time is the average time needed for patients to get services calculated from patients registering at the polyclinic to doctor services, category:
   o Achieved: If the grace period conforms to the Minimum Service Standard, namely ≤ 60 minutes
   o Not achieved: If the grace period does not conform the Minimum Service Standard, namely ≤ 60 minutes
b. Information on the length of time for each service point is information about the time in minutes distributed by outpatients to the head of PPDS study program and all heads of polyclinic to be disseminated to employees.

Data analysis

The data obtained from the formula in the dictionary of collecting BLU outpatient waiting time indicator for the ministry of health, namely:

The amount of time (minute) patients according to the inclusion criteria who visited poly outpatient from registration until they met the doctor

Total number of patients

The data is obtained from the Electronic Health Record that already has a program when the patient goes through an outpatient service point, the officer will submit the patient data to the next point. data obtained in minutes then the data is averaged and analyzed into the quality report and the data presented can be drawn from the results table in the next discussion

The results are then compared to the standard stated in the BLU outpatient waiting time indicator of the Ministry of Health. Outpatient waiting time indicator means outpatient service waiting time starting from registration to meeting a doctor which is less than (≤) 60 minutes. Proof of the influence providing information with a chi squares and the data is presented in the form of table.

Chi-square test In this bivariate study analysis was carried out by the chi square test using the SPSS application. The results of the chi square analysis will be obtained the value of confidence interval (CI) with a confidence level of 95% to find out whether or not there is a relationship between the independent variable (waiting time) and the dependent variable (customer satisfaction). In addition, the value of Odds

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Ratio (OR) will be obtained to determine the magnitude of the risk factors that affect the dependent variable. The basis for taking conclusions is obtained by looking at the probability value (p value) if p value <0.05 then there is a relationship between the independent variable and the dependent variable. But if the probability is> 0.05, there is no relationship between the independent variable and the dependent variable. In bivariate analysis with the chi square test there are conditions that must be met, the terms of the chi square test are cells that have an expected value <5 maximum of 20% of the number of cells . [4]

RESULTS AND DISCUSSION

a. Characteristics of poly service personnel

The outpatient unit polyclinic personnel consists of nurses in the nursing assessment section with the aim at examining the patient's vital signs and then proceeding with the initial assessment by a doctor performed by PPDS. It is known that the nurse who conduct nursing assessment on each poly is 1 (one).

Research has been conducted on 1130 samples according to criteria where samples were obtained from electronic medical records. Based on the results of the study obtained a sample demographic description as follows: In this study the number of respondents with female sex more than men is as many as 678 respondents (60%) with the most age range is 26-45 years as many as 211 people (62%). sample demographics can be seen in table 1.

Table 2. Sample demographics

No	Sample Profile	Total	Percentage N = 1130
1	Gender		
	Male	452	40%
	Female	678	60%
2	Age		
	17-25 years old	264	23.4%
	26- 45 years old	701	62%
	46- 65 years old	165	14.7%

b. Research result

Conformity of outpatient waiting time at National RSUP Dr. Cipto Mangunkusumo with the target of BLU indicator of the Ministry of Health

BLU performance indicator is for vertical technical implementation units. The indicator is an Outpatient Waiting Time (WTRJ) indicator where this indicator falls into the category of service timeliness. The objective of indicator measurement is to provide outpatient services on weekdays that are easily and quickly accessed by patients.

From the results of research conducted in the period of July 2018 - February 2019 with data as in the table below:

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Table.3 Outpatient Waiting Time of RSUPN Dr. Cipto Mangunkusumo, Jakarta, for the period July 2018 - February 2019

	Average in month (minute)				Average in 4 months (minute)	Indicator Weight	Standard (minute)
	July	August	September	October			
Outpatient Waiting Time before policy	119	123	120	119	120,25	0	≤ 60
	November	December	January	February			
Outpatient Waiting Time after policy	117	117	115	121	117,5	25	≤ 60

Based on the above data it can be seen that the waiting time before the enactment of the policy of giving information on the time each service point can reach 123 minutes is highest in August it is below the expectations of indicators that require outpatient waiting time to be 60 minutes on average 4 months from July 2018 - February 2019 is 120.5 minutes with a score of 0 on the waiting time indicator of the ministry of health. After the enactment of the information-giving policy at each service point that took effect from November 2018, it can be seen that there is a change in the waiting time with an average of 4 months up to February 2019 with 117.5 minutes with an indicator score of 25. after the policy was implemented, it could provide benefits for the assessment of hospitals under the ministry of health. The comparison of the waiting time in table 3 above is illustrated in table 4 below :

Table 4. Average Comparison of Outpatient Waiting Time

	Observation Period	Average in 4 months (minute)
Outpatient Waiting Time	July - October 2018	120,25
	November 2018 - February 2019	117,5
Change in Outpatient Waiting Time		2,75

Based on the table above it can be concluded that the provision of information needed by patients at the service point has an influence on the decrease in the average outpatient waiting time even though it was only 2.75 minutes. The decrease in the average was during November 2018- February 2019 but it could be viewed from the positive side, if it continued and other interventions were added, it would bring better change. Modification and development of planned activities to reduce waiting time for outpatients could be done more deeply through the Redesign System method as found in JCI accreditation standard in chapter QPS 11, namely through advanced Failure Mode and Affect Analysis method.[7]

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Policy relations provide information needed at each service point with outpatient waiting time

Relationship between Patient Service Waiting Time Outpatient by providing information at each service point by hypothesis testing on independent variables and based on the results of statistical test analysis using chi - square in this study obtained asymp value. Sign or p = 0.042 which indicates that the value of p <0.05 then Ha is accepted. So that the results in decision-making hypothesis testing in this study is the relationship between waiting time for patient care in outpatient with a policy of providing information on the time needed at each service point at Dr. Cipto Mangunkusumo National Hospital

c. Discusion

The waiting time needed by patients in the polyclinic, counted from patients registering until the patient enters the polyclinic to meet the doctor in charge of services (specialist doctors) [5]. According to Kepmenkes RI No.129 / Menkes / SK / IV / 2008 regarding indicators of service waiting time in outpatient care is the time required from patients to register until they are received / served by specialist doctors that is ≤ 60 minutes.[6] Based on minimum service standards (SPM) with service waiting time indicators in outpatient services, from the results of the study the average waiting time of patient services in outpatient after the policy was applied to provide information on the length of time each service point was 117.5 minutes. These results indicate that the waiting time for patient services is outpatient at National Dr. Cipto Mangunkusumo is still not suitable because the results obtained are mostly still far from the achievement of time being targeted. but there are differences in waiting time before and after the enactment of the policy there is an improvement of waiting time for 3 minutes which indicates that there is influence from providing information on the time needed for each service point

Based on previous study on Nurlaeliyah, et al. who studied outpatient waiting time with satisfaction of patient in Indramayu Regency, it was found that the average waiting time for outpatient services in RSUD of Indramayu Regency for 70.18 minutes and most of the time category were long period (> 60 minutes). These results conformed to the results obtained in the study of waiting time at RSUP Dr. Cipto Mangunkusumo at this time. Previous study conducted by Mohebbifar et al. said that in order to reduce waiting time, hospitals must approach through basic interventions and make policy equipped with procedures and guidelines. The problem of outpatient waiting time is also proven by a study conducted by Zhenzen et al. with the results of study at a US tertiary hospital showing that 61% of patients waited 90 to 180 minutes in the outpatient department, while 36.1% spent less than 5 minutes with the doctor in the consultation room.[7–9]

The analysis of the cause of the average waiting time was still above the standard, carried out using the Failure Mode and Affect Analysis method in accordance with the JCI accreditation standard. From the results of the analysis were found that other causes were due to lack of nurses conducting initial assessments, in addition, RSUP Dr. Cipto Mangunkusumo is an educational hospital, thus those who carry out a doctor's assessment were PPDS (Specialist Doctor Education Participants) and often PPDS at initial stage conducted the assessment, thus it required confirmation from the chief resident or DPJP for some cases that have not been understood. The duration of the initial assessment by PPDS affected the waiting time for outpatient services, when the assessment was carried out and if the time spent exceeded the expected time, namely each patient was 10 minutes then the service for the next patient would also prolong. Information about service time for each point has been given to the Specialist Doctor Education Participants when they started the outpatient stage or services, and the nurses on duty have been given that information through various media from the head of polyclinic meeting to the making of information aids (Fact Sheet) which is disseminated via mobile media and through the information screen in the outpatient unit. In the study it was also found that discipline had an influence on the calculation of these indicators, the more patients were handled by the discipline of staff who conducted the initial assessment to meet the time which should have been not so good most more than 10 minutes for one patient for initial assessment.

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Effect of time information needed by patients at the service point with outpatient waiting time at RSUP Dr. Cipto MangunKusumo Jakarta

According to Buhang (2007) quality management, the length of time for patient waiting for health services was one of the important things and greatly determined the quality of health services provided by a health service unit. There was a close relationship between quality (results) and service, the higher the level of quality (results) and service causes the higher patient's satisfaction.[10]

Although the achievement of outpatient waiting time is still above the expected indicator target, but there is an improvement in waiting time after the policy has been determined, indicating that the efforts that have been made are useful to improve the outpatient waiting time at Dr. RSUP Nasional. Cipto Mangunkusumo and is expected to be able to increase customer satisfaction and improve hospital achievement values related to outpatient waiting time indicators in ministry of health.

CONCLUSION

There is a relationship between providing information on the time needed at each service point with outpatient waiting time with results P = 0.042 it describes that if the policy is implemented with discipline it will be able to reduce service waiting time as evidenced by the average waiting time after the policy decreases 3 minutes from the previous 120.5 minutes to 117.5 minutes after the policy was implemented and increased the weight of the indicator value from 0 to 25 points for WTRJ indicator of hospitals.

Advice that can be given is to be able to further increase the waiting time for outpatient services at the National Hospital Dr. Cipto Mangunkusumo, follow-up interventions can be in the form of regular reminders posted on the service point table or considerations to include outpatient service time indicators into the Participant Education Specialist Education assessment stage. giving awards to the polyclinic that can reach a waiting time of less than 60 minutes according to the indicators can also be considered.

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