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Qualitative Article

Evaluation of Waiting Time for Outpatient Drugs on Service Quality in Pharmacy Installation of Cempaka Putih Islamic Hospital, 2024

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Abstract

Background: Drug waiting time is one of important services in pharmaceutical services. The number of patients who come and number of prescriptions that must be served makes Cempaka Putih Islamic Hospital have obstacles in serving outpatients including BPJS and Non BPJS patients so waiting time for drugs still long and has impact on reducing the quality of Pharmaceutical Installation services. **Objective:** This study aims to evaluate waiting time for outpatient drugs on service quality at Cempaka Putih Islamic Hospital Pharmacy Installation**.**
Design and Methodology: This research was conducted using descriptive qualitative method with selection of informants using purposive sampling technique. The informants involved included Head of Pharmacy, Pharmacists, officers, and patients.
Findings: The results showed that average waiting time for concoctions was 80.5 minutes, which is not accordance with Minimum Service Standards, which is less than 60 minutes. The average waiting time for non-concocted drugs is 101.7 minutes and is not accordance with the Minimum Service Standards of less than 30 minutes.
Conclusion and Implications: The long waiting time because adjustment of information system, number of prescriptions, incompatibility of prescriptions with the National Formulary, and unavailability of drugs. Strategies that can be maximizing Drug Procurement Plan, training on SIMRS, and conducting patient satisfaction surveys on Pharmacy Installation.

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Introduction

In attempt to serve patients, all units engaged in a hospital must maximize service to patients in accordance with Standard Operating Procedures (SOP) and be able to reach all patients including outpatients and inpatients, including the Hospital Pharmacy Installation (IFRS) in optimizing its services. Pharmacy services are one of the services that can support the quality of quality services realized by pharmacy services and short waiting times for taking concoctions and non concoctions (Nurjanah et al., 2016). When redeeming or waiting for compounded and noncompounded drugs for a relatively long time, patients will feel bored, tired, and stressed. These complaints can create a negative perception of the quality

of Pharmacy Installation services, reduce the quality of hospital services, and affect patient trust (Arini et al., 2020). According to Permenkes No.30 of 2022 concerning National Indicators of Health Service Quality, quality services are health services for the community that are able to improve health outcomes optimally, referring to established service standards, to fulfill patient rights and obligations.

Waiting time in pharmaceutical services is the time required to complete a prescription drug process starting from the submission of a prescription to the delivery of the drug (Purwanto et al., 2015). Discrepancies in patient waiting time can be caused by the delay component, namely Pharmacy Installation officers working on previous prescriptions or carrying out other activities. Other influencing factors are Human Resources (HR) who are not yet dexterous, empty drug stocks and mechanisms that are not in accordance with established procedures (Faramita & Wiyanto, 2016).

World Health Organization (WHO) created guidelines on Quality Assurance of Pharmaceuticals to serve as a reference in ensuring timely and efficient prescription services. According to the guidelines, the Pharmacy Installation must complete prescriptions in a timely manner and prevent delays that may affect waiting times without compromising the accuracy of the prescribed drugs. Good Pharmacy Practice (GPP) principles emphasize the importance of optimal pharmacy service standards. Staff must ensure that the drugs given to patients improve patient safety and well-being (World Health Organization, 2023).

According to the Decree of the Minister of Health Number 129 of 2008 concerning Minimum Service Standards (SPM) for Pharmaceutical Services, the waiting time for non-concocted drugs is a maximum of 30 minutes while concocted drugs are a maximum of 60 minutes (Purwanto et al., 2015). The long duration of drug waiting time can reflect the process of pharmaceutical labor in providing services to patients. Decree of the Minister of Health Number 129 of 2008 concerning Hospital Pharmacy Service Standards, states that the Hospital Pharmacy Installation is one part of hospital services that focuses on patient services, drug provision, and provides services that can be reached by all levels of society (Nurjanah et al., 2016).

Based on the description above, it can be concluded that drug waiting times that are not in accordance with Minimum Service Standards (MSS) are important matters related to service quality in health institutions. Long waiting times for drugs are included in wasting time. Wasting time occurs due to various factors, one of which is the number of patients and the number of prescriptions that must be served. This is in accordance with the results of a preliminary study conducted by researchers on November 2, 2023 at the Cempaka Putih Islamic Hospital. Information was obtained that the number of prescriptions that must be served in the January-October 2024 timeframe is 168,688 prescriptions for outpatients.

The number of prescriptions that must be served makes the Cempaka Putih Islamic Hospital have obstacles in serving outpatients so that the waiting time for drugs is not as it should be. Cempaka Putih Islamic Hospital is a privately owned type B hospital. Preliminary studies conducted by researchers on 2 patients, the waiting time for patient A's medicine with the type of non-recombinant medicine was 2 hours

29 minutes 57 seconds while the waiting time for patient B's medicine with the type of compounded medicine was 2 hours 54 minutes 18 seconds. This is of course with the Minimum Service Standards (SPM) KEPMENKES No.129/Menkes/SK/II/2008. And there has never been research on this matter. Therefore, researchers feel the need to conduct research on evaluating drug waiting times that affect service quality at the Cempaka Putih Islamic Hospital Pharmacy Installation.

Methods

Study Design

This type of research is a qualitative approach. The selection of qualitative methods is in accordance with the research objectives to gain an in-depth understanding of the waiting time for outpatient drugs on service quality.

Study Setting and Period

This research was conducted at the Pharmacy Installation of Cempaka Putih Islamic Hospital, Central Jakarta City. The research time was during November-December 2024.

Participants and Sampling

Pemilihan informan menggunakan teknik purposive sampling dengan kriteria inklusi dan kriteria ekslusi sehingga menghasilkan 13 informan yang terdiri dari Kepala Farmasi Rawat Jalan, Apoteker, Petugas, Pasien BPJS dan Pasien Non BPJS pada Rumah Sakit Islam Cempaka Putih.

Data Collection

Selection of informants using purposive sampling technique with inclusion criteria and exclusion criteria resulted in 13 informants consisting of the Head of Outpatient Pharmacy, Pharmacists, Officers, BPJS Patients and Non BPJS Patients at Cempaka Putih Islamic Hospital.

Data Analysis

The first step is to collect research results using document review techniques, in-depth interviews, and observation. The second step is to reduce data that is not relevant to the research topic. The third step is to present the data in the form of graphs, tables, or narrative text. The last step used was to compile research conclusions and verify the data.

Ethical Consideration

This research has been approved by the Research Ethics Committee of the National Development University “Veteran” Jakarta with number 520/XII/2024/KEP.

Results & Discussion

Waiting time for medication is the time it takes for a patient to submit a prescription until they receive their medication. Long waiting times can cause dissatisfaction because they reflect how the hospital manages various aspects of service according to the needs and expectations of patients. In addition, waiting time can reflect the efficiency of the service system in the hospital (Bustani et al., 2015). Long waiting times will affect the quality of service provided to patients as evidenced by the Service Quality (SERQUAL) method, namely Tangibles, Reliabiility, responsiveness, assurance, Empathy (Lestari, 2018).

Input

Human Recources

Pharmaceutical workers at the outpatient Pharmacy Installation consist of 12 Pharmacists and 11 Officers with a total of 23 people for Al-Falah Pharmacy and 2 Pharmacists and 7 Officers with a total of 9 people for Raudhah Pharmacy. Then, the total pharmacists and officers in the outpatient pharmacy installation are 14 pharmacists and 18 officers with a total of 32 people. All officers have carried out their duties in accordance with their respective job desks and work together to serve patients in accordance with established procedures. The number of officers involved in pharmaceutical services is appropriate. According to the Regulation of the Minister of Health of the Republic of Indonesia Number 72 of 2016 concerning Pharmaceutical Service Standards in Hospitals, an outpatient pharmacist should ideally handle 50 patients in 1 day including pharmaceutical services for making drug prescriptions and delivering drugs (Kemenkes RI, 2016).

Cempaka Putih Islamic Hospital requires every Pharmacy Officer to attend a minimum of 20 hours of training within 1 year with a target of 3-4 times a year. This training system is carried out by all officers in turn at each training. Every day pharmacists must serve 400-600 prescriptions handled by 14 pharmacists for BPJS and Non BPJS patients with the number of outpatient prescriptions that must be served in the January-October 2024 timeframe is 168,688 prescriptions including BPJS and Non BPJS patients.

Humans involved in the waiting time process including prescription receipt, drug packaging, and drug delivery require a supportive educational background, as well as adequate work experience to be able to perform tasks efficiently and on time. Officers with educational backgrounds that are relevant to their fields have better knowledge because these officers understand their duties and functions (Prilia Hia, 2022). The work experience possessed will support the service process to be faster and more efficient (Dhinta Feritsya Chita et al., 2022).

Financial Resources

The allocation of funds used in the process of pharmaceutical services and drug procurement to support drug waiting times at the Outpatient Pharmacy Installation has been running well. Every year there will be a budget plan which will then be reported at the end of the year how it is implemented. This

allocation of funds is used for the procurement of drugs and the needs of the Pharmaceutical Installation that support services. If the drug stock has run out, then submit a purchase to the Logistics Party. The role of finance is related to drug procurement management, which if the fulfillment of drug procurement is not carried out properly, then spending cannot be controlled properly (San et al., 2020).

Information Resources

Regulations, procedures, and Standard Operating Procedures (SPO) are used as a reference in carrying out pharmaceutical services, including regarding drug waiting times and monitoring and evaluation activities carried out. The Operational Service Standards (SPO) are included in the Unit Quality Indicators reported by the Pharmacy Manager every month or every week. Based on the document review conducted with Document Number SPO/RSIJCP/FMS/019, the target set in the Unit Quality Indicator is that the waiting time for BPJS patients for concocted drugs is less than 120 minutes, BPJS patients for non concocted drugs is less than 90 minutes, Non BPJS patients for concocted drugs is less than 45 minutes and Non BPJS patients for non concocted drugs is less than 20 minutes. Maximum implementation of Standard Operating Procedures will have an impact on the quality of patient health (Ikhsan, 2022).

In serving patient prescriptions, the Pharmacy Installation refers to the Hospital Formulary for JKN (National Health Insurance) patients. The information technology system used is SIMRS, which functions to speed up patient waiting times in obtaining health services in outpatient clinics and pharmacies. This system is expected to improve efficiency and overall service quality, but the Pharmacy Installation is still adapting to the latest system so that the waiting time for drugs becomes longer than usual (Suriani et al., 2023).

Material Resources

The facilities and infrastructure used are not yet adequate, there are still things that need to be improved and added to minimize the waiting time for medicine. Officers need new computer equipment because there are changes to the SIMRS system that require more adequate equipment so that there are no errors or loss of signal when performing services. Research by (Arini et al., 2020) that inadequate facilities and infrastructure can affect waiting times to be longer.

Procurement of drug stocks is sometimes unavailable, especially for BPJS patients. The hospital is having difficulty getting the Miniaspi drug to help prevent blood clots. This is partly because drug distributors prioritize government hospitals to supply drugs. The solution is to provide other drugs of the same type to BPJS patients because there is a shortage of stock of the drug. However, the Cempaka Putih Islamic Hospital always plans drugs in the RKO (Drug Needs Plan) every year.

Process

Compounded Medicine Waiting Time

Compounded medicine waiting time is the service of compounded prescriptions involving the compounding of additional drugs as part of the process. From the time the prescription is given until the medicine is received by the patient, the waiting time is a maximum of 60 minutes.

No.	Patient Code	Category	Length of Waiting Time
1.	P1	BPJS	200 Minutes
2.	P5	Non BPJS	26 Minutes
3.	P6	Non BPJS	48 Minutes
4.	P7	Non BPJS	48 Minutes
	Average		**80.5 Minutes**

Based on the table above, the average waiting time required by patients from submitting prescriptions to getting concoction-type drugs is 80.5 minutes. This is not in accordance with the Minimum Service Standards KEPMENKES No.129/Menkes/SK/II/2008, namely the maximum waiting time for concoction drugs is served in a period of less than 60 minutes. Based on the table, it is known that outpatients using BPJS have a longer waiting time compared to Non BPJS outpatients. BPJS patients wait longer for medicine because of the large number of prescriptions every day. This occurs because of differences in the administrative flow that must be carried out (Cikra Ikhda Nur Hamidah Safitri et al., 2024).

Then, the waiting time for compounded drugs tends to be longer than the waiting time for non-compounded drugs because it requires calculating the drug dose, weighing the drug ingredients, and compounding the drug (Citraningtyas & Gayatri Jayanto, 2021). As well as adjustments to the dosage listed in the National Formulary. As the results of research conducted by (Sa'diyah & Nuraini, 2021) that the suitability of prescriptions with the National Formulary is very important because it can improve the quality of health services. According to KEPMENKES No.129/Menkes/SK /II/2008 that the target of prescription conformity with the National Formulary is 100% for health service standards in hospitals (Kemenkes, 2008).

Waiting Time for Non-Compounded Drugs

Waiting time for noncompounded drugs is a noncompounded drug prescription service that refers to a drug prescription service that does not involve the process of compounding additional drugs. Starting from the provision of drug prescriptions until the drug is received by the patient, the maximum is 30 minutes.

No.	Patient Code	Category	Length of Waiting Time
1.	P2	BPJS	153 Minutes
2.	P3	BPJS	151 Minutes
3.	P4	BPJS	93 Minutes
4.	P8	Non BPJS	10 Minutes
	Average		101.7 Minutes

Based on the table above, the average waiting time required by patients from the submission of prescriptions to the collection of non-recipe drugs is 101.7 minutes. This is not in accordance with the Minimum Service Standards (SPM) KEPMENKES No.129/Menkes/SK/II/2008, namely the waiting time required for patients to wait for non-recipe drugs is less than 30 minutes.

The surge of patients usually occurs around 10 am to 2 pm because at that time many hospital clinics open their practices at the same time. Then on Monday there is a surge of patients exceeding the usual day, especially if it is at the end of the month, the patients will increase because many patients do routine monthly controls at the end of the month. For Non BPJS patients, there is a surge of patients every Saturday because the majority of Non BPJS patients come during the weekend. The waiting time for medicine or pharmaceutical services will be influenced by the day of service (Muyasarroh et al., 2020).

Output

Tangibles

Direct evidence is the ability to provide real services in the form of physical facilities that can support patient comfort and affect service quality. In this waiting time pharmaceutical service, the patient's waiting room is something that must be considered in ensuring comfort while waiting for medication. Patients feel that the facilities in the pharmacy are good and clean. Then if patients are surging, the Pharmacy waiting room is not enough to accommodate all patients so there are still many patients waiting by standing or sitting in the hospital hallway. Improvement of facilities and infrastructure is carried out so that patients feel comfortable and satisfied with the service (Asti et al., 2024).

Reliabiility

Reliability is the ability of service providers to provide the right service which will affect the quality of service to achieve patient satisfaction. The service provided by the officer is good and no patient has ever experienced drug errors or side effects from the drugs given. This is indicated by the thoroughness of each drug and dose listed on the prescription and ensuring that each patient gets drugs that are in accordance with the patient's medical needs. No patient has ever experienced an error in drug administration in terms of the type of drug, dose, or method of use.

To date, there have been no reported cases of adverse events caused by the drugs administered by the Officers. This reflects a high level of accuracy, professionalism and responsibility in carrying out their

duties in providing safe and quality health services. Based on the observation of the calculation of drug waiting time, there is a significant difference between the drug waiting time of BPJS and Non BPJS patients. This can be caused by several factors such as human resources, type of prescription, number of prescriptions, and drug availability (Najib et al., 2024).

Responsiveness

Responsiveness is showing readiness in providing services and assistance to patients and providing accurate information that will have an influence on service quality. Officers provide services and respond to patient questions quickly, and patient requests are fulfilled immediately while still following procedures and service flow. In addition, there are patients who complain about the long waiting time for the drug to the officer. In response to the complaint, the officer quickly provided a clear and informative explanation of the situation, one of which was by showing the queue on the monitor screen so that the patient could easily monitor the extent to which the drug was being processed. When officers are alert to meet the needs of patients including providing the information needed, it will improve service quality (Manta et al., 2024).

Assurance

Assurance is the ability of service providers to build patient trust. Such as compliance with Standard Operating Procedures (SPO) to carry out pharmaceutical services in ensuring patient comfort and safety. The delivery of information about drugs such as dosage, side effects, and how to use them must be conveyed to the patient so that the patient has knowledge about the drugs consumed. If this information is not conveyed, it can cause a decrease in service quality because it is not in accordance with SPO and can endanger the patient's condition if serious side effects occur (Asti et al., 2024).

Empathy

Empathy is paying attention to the patient's needs and understanding the patient's condition. Officers are good at showing their concern for the patient's condition, such as being treated politely and kindly and listening to the patient's complaints. This attitude can show empathy and build trust between patients and staff. Motivation provided from officers plays an important role in the patient's recovery and understanding how to maintain their health so that the disease does not recur. There is a need for soft skills development training for officers to increase social awareness (Nuraini et al., 2021).

Supporting Factors

Adequate Human Resources will be a supporting factor in reducing waiting times. Based on the results of the study, the quality of officers can be seen based on educational backgrounds that are in accordance with their fields and length of work also affects because officers will better understand the workflow and service process. The number of pharmaceutical personnel is one of the important supporting factors in realizing optimal pharmaceutical services, so as to shorten the waiting time for patients to receive drugs (Citraningtyas & Gayatri Jayanto, 2021). To overcome the long waiting time for medicine, the Cempaka Putih Islamic Hospital has created several solutions to overcome this. First, there is a Home service service. This Home service is a service offered to deliver medicine to the patient's address for

a fee according to the distance traveled without the patient having to wait at the hospital. Second, there is a drug collection the next day. This drug collection is carried out in the room next to the Mushola.

Inhibiting Factors

In the implementation of the service process, there are factors that can hinder the drug waiting time process. The first factor is the Information Resources component, namely the adaptation of the new SIMRS (Hospital Management Information System) system which was just implemented in November. This makes officers still in the stage of adaptation or introduction to the new system so that it takes longer to input data. Problems with software and hardware errors will extend the waiting time for drugs, especially if there are problems inputting drugs into the system (Roselina et al., 2021).

The second factor that inhibits waiting time for drugs is the number of prescriptions that spike at certain hours. At the Jakarta Islamic Hospital Cempaka Putih Pharmacy Installation, the number of visiting patients will spike at 10 am to 2 pm. One of the factors that affect waiting time is the doctor's practice schedule which takes place simultaneously (Bachtiar et al., 2022). The third factor that inhibits waiting time is the incompatibility of prescriptions with the National Formulary. If the prescription is not in accordance with the National Formulary, it will have an impact on the quality of service provided by the Pharmacy Installation (Putri S, 2023).

Another factor that hampers the waiting time for drugs is the unavailability of drug stocks in the Pharmaceutical Installation. Often the Pharmacy Installation runs out of drugs or drugs are still in the Pre Order stage, making Officers have to change to other drugs of the same type. Pharmaceutical installations must maximize the Drug Procurement Plan (RPO), which is an estimate of one year's drug needs based on the calculation of the average annual drug usage and the remaining stock at the end of the year (Kemenkes RI, 2019).

Strategy

Strategies that can be carried out in strengthening the understanding and ability of officers require training related to the use of the Hospital Management Information System (SIMRS), especially for officers in charge of inputting data. By improving the ability and understanding of officers through training, it is expected that it can be applied optimally which will have an impact on waiting times that are not too long. Education and training related to SIMRS needs to be carried out in order to improve the ability of Human Resources so that they can provide services more optimally (Ode et al., 2024).

In the Material Resources component, the procurement of drug stocks should be given more attention so that there are no drug vacancies for a long period of time. Planning for drug needs needs to be optimized in supporting pharmaceutical services and reducing waiting times (Sabrina et al., 2024). Pharmaceutical service facilities and infrastructure must be able to guarantee the provision of quality services and in accordance with the provisions of the applicable legislation in Permenkes No.72 of 2016 (Shulihah, 2024).

The patient's experience in waiting for medication needs to be surveyed on patient satisfaction and the quality of service provided by the Pharmacy Installation, including aspects of waiting room comfort, service speed, and communication between officers and patients. The survey results can be used as a basis for continuous evaluation and improvement, such as increasing workflow efficiency or procuring technology that supports the pharmacy installation.

Conclusions

The implementation of pharmaceutical services for drug waiting time for outpatients, which includes BPJS and Non BPJS patients, is calculated from the time the patient submits the prescription until the patient gets the medicine. This process starts from data entry, prescription verification, drug compounding, rechecking drug dosage, drug packaging, and drug delivery. The waiting time for compounded drugs averaged 80.5 minutes for BPJS and Non BPJS patients and the waiting time for noncompounded drugs averaged 101.7 for BPJS and Non BPJS patients. This is not in accordance with KEPMENKES No.129/Menkes/SK/II/2008, namely the waiting time for concoction drugs is less than 60 minutes and the waiting time for non-recoction drugs is less than 30 minutes.

Waiting times that are not yet appropriate are caused by inhibiting factors, namely the adaptation of the new information system through SIMRS, the large number of prescriptions, the incompatibility of prescriptions with the National Formulary and the unavailability of drugs. However, this service process is supported by the quality of officers who can be reviewed from the length of work and the appropriate educational background to be able to understand the duties and functions and the flow of services will shorten the waiting time and maximize the utilization of Homeservice and collection the next day. The strategy carried out by the Jakarta Cempaka Putih Islamic Hospital to minimize waiting time is the Homeservice program whose price is in accordance with the distance traveled and the next day drug collection program which can be taken a maximum of three days after submission of the prescription. Then, maximize the Drug Procurement Design (RKO) so that there are no drug vacancies for a long period of time and conduct training on the SIMRS information system for officers.

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