

Analysis of Outpatient Waiting Times at the M. Natsir Regional General Hospital, Solok City in 2024

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Abstract

Hospitals are important health service centers and are needed to fulfill health needs. This study aims to evaluate the waiting time for ready-made and compounded medicine services based on minimum hospital service standards and their influence on general outpatient satisfaction at the M.Natsir Hospital Pharmacy Installation. This study used a descriptive research design on outpatients who filled prescriptions for finished medicines and compounded medicines. Calculation of waiting time for prescription services for ready-made medicines and compounded medicines is done using a digital clock. The sample taken in the research was 72 respondents. The research results showed that the average waiting time for non-concocted prescription services (19 minutes) and concocted medicines (27 minutes) met the standards set by the SPM for hospitals in the pharmaceutical sector according to the Indonesian Minister of Health NO. 129 of 2008 as well as waiting time standards set by M. Natsir Regional Hospital.

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1. INTRODUCTION

Health service facilities according to the Minister of Health Regulation no. 72 of 2016 is a tool and/or place used to provide health service efforts, whether promotive, preventive, curative or rehabilitative, carried out by the Government, regional government and/or the community. Hospital Pharmacy Installations (IFRS) are installations that carry out all pharmaceutical work in hospitals.

The pharmacy installation is one of the work units that plays a role in organizing pharmaceutical activities in the hospital. In the last few decades, hospital pharmacy installation services have developed rapidly, starting from traditional pharmacy services (pharmaceutical product services) which are sometimes also called drug dispensers to clinical pharmacy services, education and research (Lintang, et al, 2017) .

One of the minimum standards for pharmaceutical services in hospitals is waiting time. Waiting time is the time patients use to get health services, waiting time is synonymous with boredom, stress and suffering and can even reduce quality of life and life expectancy. Good service waiting time is related to customer satisfaction, so hospitals must be able to control service time to achieve patient satisfaction (Febriana, 2012).

The waiting time for drug services is the period from when the patient submits the prescription until receiving the finished drug, with standards set by the Ministry of Health, which is ≤ 30 minutes, while the waiting time for compounded drug services is the time from when the patient submits the prescription until the patient receives the concocted drug, namely ≤ 60 minutes (Minister of Health Decree, 2008).

The waiting time for prescription services is divided into two, namely the waiting time for prescription services for ready-made or non-mixed medicines and for prescription services for compounded medicines. The waiting time for ready-made or non-concocted medicine services is the period from when the patient submits the prescription to receiving the finished medicine. Meanwhile, the waiting time for the compounded medicine

prescription service is the time from when the patient submits the prescription until receiving the compounded medicine. Waiting time is a problem that often causes patient complaints in several hospitals. The length of patient waiting time reflects how the hospital manages service components that are tailored to the patient's situation and expectations (Kepmenkes, 2008).

Based on this background, research needs to be carried out to determine the length of waiting time for pharmaceutical services at Mohammad Natsir Regional Hospital. Mohammad Natsir Regional Hospital is a Regional Work Unit (SKPD) under the West Sumatra Provincial Government which carries out mandatory health affairs in organizing referral health businesses. Mohammad Natsir Regional General Hospital is a type B referral hospital in Solok City, West Sumatra, which strives to provide optimal, professional health services and continuously improve quality, one of which is in the pharmaceutical sector. A good pharmaceutical service system is a benchmark for good quality. Therefore, it is important to optimize the pharmaceutical preparation service system in terms of waiting time for prescription services.

2. RESEARCH METHOD

This research uses a descriptive analytical research design on outpatients who fill prescriptions for finished medicines and compounded medicines at the M.Natsir Hospital Pharmacy Installation, Solok City. Quantitative data was collected through observation sheets on waiting times for prescription services by observing the process from receiving the prescription to delivering the medicine which was divided into an action component, namely when the prescription was carried out by the officer, and a delay component, namely when the prescription was placed waiting to be carried out. The waiting time for prescription services for ready-made medicines and compounded medicines is calculated using a digital clock and then an analysis is carried out regarding compliance with the minimum service standards for the long waiting time category.

The number of samples taken in the research was 75 respondents and the respondent search procedure was carried out based on random sampling using the Bailey principle using a minimum sample required of 30 respondents.

Sampling was carried out using a random sampling technique, namely a sampling technique where all individuals in the population, either individually or together, are given the same opportunity to be selected as sample members. Score data obtained from waiting time calculations using Microsoft Excel.

3. RESEARCH RESULTS AND DISCUSSION

3.1. Research result

Table 1. Average Waiting Time by Day

| Day | Recipe Type | Number of Recipes | Waiting Time (O'clock) | Average Waiting Time (O'clock) |
|-----------|-------------|-------------------|------------------------|--------------------------------|
| Monday | Concoction | 3 | 00:41 | 00:13 |
| | Non-mixed | 12 | 02:44 | 00:13 |
| Tuesday | Concoction | 1 | 00:30 | 00:30 |
| | Non-mixed | 14 | 05:31 | 00:23 |
| Wednesday | Concoction | 2 | 01:39 | 00:49 |
| | Non-mixed | 13 | 06:36 | 00:30 |
| Monday | Concoction | 2 | 00:48 | 00:24 |
| | Non-mixed | 13 | 02:26 | 00:11 |

| | | | | |
|--------------|-------------------|-----------|--------------|--------------|
| Tuesday | Concoction | 2 | 00:59 | 00:29 |
| | Non-mixed | 13 | 03:34 | 00:16 |
| Total | Concoction | 10 | 04:37 | 00:27 |
| | Non-mixed | 65 | 20:51 | 00:19 |

Table 2. Number of Samples by Recipe Type

| Recipe Type | Number of Recipes | Maximum Time (minutes) | Minimum Time (minutes) | Standard Deviation | Percentage (%) |
|--------------|-------------------|------------------------|------------------------|--------------------|----------------|
| Concoction | 10 | 52 | 8 | 0,018 | 13% |
| Non-mixed | 65 | 41 | 10 | 0,075 | 87% |
| Total | 71 | | | | |

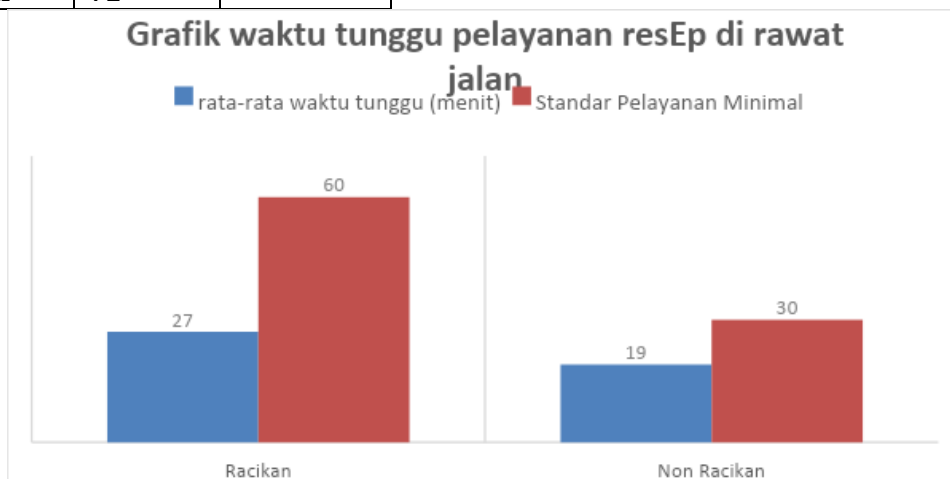


Figure 1. Graph of Waiting Time for Prescription Services in Outpatient Care

3.2. Discussion

This journal discusses the analysis of waiting times at the outpatient depot at RSUD M. Natshir Solok. This research was carried out in June 2024 at M. Natshir Solok Regional Hospital. According to the research results, a total sample of 75 recipes was obtained, including 65 non-concocted recipes and 10 concocted recipes with a percentage of the number of recipes for non-concocted recipes of 87% and concocted recipes of 13%. The research results obtained show a large comparison of the number of types of drug prescriptions, namely that the number of compounded drug prescriptions is very small compared to non-compounded drug prescriptions. The use of compounded drug prescriptions is usually more associated with pediatric patients. The lack of prescriptions for compounded medicines obtained is due to the lack of pediatric patients who receive prescriptions for compounded medicines from doctors in the form of powdered preparations or capsule preparations, but more receive prescriptions for non-concocted medicines in the form of ready-made medicines such as medicines in the form of tablets, capsules and syrup preparations.

The waiting time for prescription drug services is the time period from when the prescription is received until the drug is handed over to the patient according to the Minimum Service Standards (SPM) waiting time for prescription services as stipulated in the Regulation of the Minister of Health of the Republic of Indonesia No. 129/Menkes/SK/II/2008, namely the waiting time for prescription services for compounded medicines is ≤ 60 minutes and the waiting time for prescription services

for non-concocted medicines ≤ 30 minutes (Minister of Health of the Republic of Indonesia, 2008).

Sampling of drug prescriptions was based on predetermined inclusion criteria. The research results obtained show that the average waiting time for compounded and non-mixed prescription services meets the Minimum Service Standards (SPM) requirements for waiting time for prescription drug services, namely the average waiting time for compounded drug prescription services is 27 minutes and the average waiting time non-concocted drug prescription service is 19 minutes.

Based on the SOP for outpatient drug prescription services as well as interviews with pharmacists and pharmaceutical technical personnel (TTK) at Mohammad Natsir Regional Hospital, this hospital uses a minimum service standard. The waiting time for compounded prescriptions is ≤ 60 minutes while non-compounded medicine prescriptions are ≤ 30 minutes. Even though the average waiting time for drug prescription services, both compounded and non-mixed prescriptions, meets the SPM for waiting times set by the hospital, it does not rule out the possibility that there are still some waiting time services that do not meet the hospital's SPM. As in the results of this study, there were 11 non-prescriptions. concoctions that do not meet the SPM waiting time where the preparation of the 11 prescriptions until the drug is handed over to the patient requires a waiting time of more than 30 minutes. This shows that there are still obstacles that cause long waiting times for drug prescription services. The following are some of the obstacles that cause long waiting times for prescription drug services at the outpatient pharmacy depot at Mohammad Natsir Regional Hospital, namely:

- a. At the time of receipt of the prescription. After the prescription is received at the outpatient pharmacy, the prescription is screened by pharmacy staff. Sometimes there are errors in writing the prescription or the prescription writing is unclear and the prescription writing is difficult to read, so confirmation needs to be done again with the prescribing doctor or with the patient concerned, causing longer waiting times for drug prescription services. This shows that there needs to be good communication between doctors and pharmacy staff to expedite the service process. One effort that can be made is that electronic prescriptions can be used if necessary.
- b. Medication preparation and labeling. The large number of medicinal items in the prescription received can affect the waiting time for services provided (Fahrurazi et al., 2022). At the drug preparation stage by pharmacy staff, both pharmacists and pharmaceutical technical personnel (TTK), there are prescriptions that have a higher number of R/ with a large number of drug items so that the preparation takes longer, as well as prescriptions that have a higher number of R/. fewer but having a large number of drug items can also affect the length of waiting time for drug preparation. Apart from that, the large number of R/s on the prescription can also cause a lot of writing on drug labels. This requires pharmacy staff to carry out their work as optimally as possible so as not to hamper service waiting times. Even though the number of concoction recipes obtained in the research is very small compared to non-concoction recipes, the preparation of concoction recipes takes longer.

According to Mare et al., (2021) the waiting time for compounded prescription medicine services is longer than non-compounded medicines because it is necessary to calculate the dose, weigh the ingredients and compound the medicine. In the preparation of mixed prescription drugs during the research, it was found that the highest amount of powder prepared was 60 packs of powder in 1 recipe and the lowest was 10 packs of powder in 1 recipe. The information provided by the pharmacy officer was that sometimes the amount of powder prepared could reach 120 packs of medicinal

powder in one prescription. Usually, this prescription is for patients with chronic diseases because it requires regular use.

Outpatient drug prescription services start from receiving the prescription to handing over the drug to the patient via the same counter so that when handing over the drug, the officer must hand over the drug according to the prescription number printed on the prescription and check again that the drug has been prepared according to the prescription obtained and check Return the data in the previously written registration book so that there are no errors in administering medication. The factors that influence the length of waiting time for prescription drug services at the outpatient pharmacy depot at Mohammad Nadsir Regional Hospital, according to the results of interviews with several informants, namely pharmacists and TTK, include:

1. Human Resources (HR) According to informants in interviews, the number of pharmacy staff is limited in hospitals so that their services sometimes take quite a long time. There is only one shift for prescription services for outpatients starting from 08.00-16.00 in the morning. Based on Republic of Indonesia Minister of Health Regulation No. 72 (2016a), the number of pharmaceutical human resources can be adjusted to the workload of outpatient pharmaceutical services including clinical and managerial pharmacy, which ideally requires pharmacists with a ratio of 1 pharmacist for 50 patients. From these regulations it can be said that the number of human resources for outpatient pharmacists at Mohammad Nadsir Regional Hospital is ideal because it meets the ratio of the number of pharmacists, namely 1 pharmacist for the number of patients \pm 50 patients per day, however, the prescription service process is not only carried out by the pharmacist himself but is also assisted by technical staff. other pharmaceuticals with the aim of making the service process provided more efficient and faster. Therefore, adjusting the number of workers to the service workload must be appropriate.

According to previous research by Purwandari et al., (2017), it was stated that the lack of human resources resulted in the service process not being optimal because there were so many prescriptions that had to be prepared, officers tended to rush in serving patients. Likewise, according to research according to Fahrurazi et al., (2022), increasing the number of working staff can reduce the waiting time for prescription services and conversely a shortage of working staff can cause instability in prescription service activities and cause long queues and quite long prescription preparation times.

2. Hospital Formulary. The Hospital Formulary contains a list of drugs used as a reference in providing drug services in hospitals (Permenkes RI, 2016a). According to Minister of Health Decree No. 129/Menkes/SK/II/2008 concerning Minimum Service Standards (SPM) contains the rule that writing drug prescriptions must be in accordance with the formulary set by the hospital. Based on information from interviews with related informants, there are still prescriptions for medicines written outside the hospital formulary, so it is necessary to confirm again with the prescriber regarding the medicine and make a copy of the prescription if the patient wants to redeem the medicine outside the hospital pharmacy, thereby increasing the waiting time. service. Efforts that can be made to overcome this problem include providing a list of drugs according to the hospital formulary to the prescribing doctor to write a prescription according to the formulary. Hospital formulas can also be updated if necessary, depending on hospital policy.

4. CONCLUSION

Based on the research results, it can be concluded that:

1. The average waiting time for a concocted prescription is 27 minutes
2. The average waiting time for non-mixed prescriptions is 19 minutes.
3. The average waiting time for prescription medication services, both compounded and non-mixed, meets the Minimum Service Standards (SPM), waiting time for prescription services in hospitals, namely the waiting time for compounded prescription services is ≤ 60 minutes and the waiting time for non-mixed prescriptions is ≤ 30 minutes.

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