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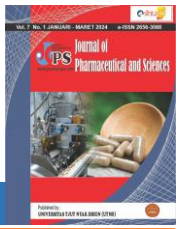

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Analysis of Waiting Time in Prescription Services for Outpatients in the Pharmacy Installation of dr. Hadrianus Sinaga Pangururan Regional Hospital in 2023

Analisa Waktu Tunggu Dalam Pelayanan Resep pada Pasien Rawat Jalan di Instalasi Farmasi RSUD dr. Hadrianus Sinaga Pangururan Tahun 2023

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Abstract

Quality of health services is one approach or effort that is fundamental in providing health services to patients. As a professional person in the field of health services, both individually and in groups, you must always try to provide good quality health services to all patients, Without exception. One of the most essential parts of a hospital is the pharmacy installation. Pharmacy installations are an inseparable part of a complete hospital health service system. The pharmacy installation is responsible for procuring and presenting drug information to all parties in the hospital and developing extensive and well-coordinated pharmaceutical services to meet and provide good service to patients. Servicing old prescriptions to outpatients in the pharmacy installation can cause patient dissatisfaction, impacting the quality of service and hospital. This makes researchers interested in analyzing the waiting time in prescription services for outpatients in the pharmacy installation at RSUD dr. Hadrianus Sinaga Pangururan in 2023. Research Focus on Waiting Times for Prescription Services for Outpatients at the Pharmacy Installation at RSUD dr. Hadrianus Sinaga Pangururan in 2023. The research subfocus is: What is the flow of patient prescription services, what causes the lengthening of waiting times for patient prescription services, and what is the impact of extending waiting times for outpatient prescription services at the pharmacy installation at RSUD Dr. Hadrianus Sinaga Pangururan? Type of Research: This research is survey research using a qualitative approach and an in-depth interview method. Research Location: This research was carried out at RSUD dr. Hadrianus Sinaga Pangururan. Based on the research results on analyzing waiting times for outpatient services at the pharmacy installation at RSU dr. Hadrianus Sinaga In 2023, the results can be taken: The lengthening of waiting times that occurs in Outpatient Pharmacy Installations due to the availability of medicines that often happen in vacancies. The extended waiting time occurs in the Outpatient Pharmacy Installation because writing labels takes a long time. The extended waiting time at the Outpatient Pharmacy Installation is due to taking one month's prescription, which must go through the verification stage. The impact of extending the waiting time in the Outpatient Pharmacy Installation is that patients' dissatisfaction is indicated by protesting and getting angry. The effect of lengthening waiting times in Outpatient Pharmacy Installations due to the unavailability of medicines causes patient management to be hampered.

Keywords*: *Waiting Time, Prescription Services, Outpatients, Pharmacy Installation

Abstrak

Mutu pelayanan kesehatan merupakan salah satu pendekatan atau suatu upaya yang sangat penting dan mendasar dalam memberikan pelayanan kesehatan kepada pasien, sebagai orang yang profesional dalam bidang pelayanan kesehatan baik secara perorangan maupun kelompok harus selalu melakukan upaya untuk memberikan pelayanan kesehatan dengan mutu yang baik kepada semua pasien tanpa terkecuali. Salah satu

bagian yang terpenting dari rumah sakit adalah instalasi farmasi. Instalasi farmasi merupakan bagian yang tidak dapat dipisahkan dari sistem pelayanan kesehatan rumah sakit yang utuh. Instalasi farmasi bertanggung jawab atas pengadaan dan penyajian informasi obat bagi seluruh pihak di rumah sakit serta mengembangkan pelayanan farmasi yang luas dan terkoordinir dengan baik sehingga dapat memenuhi dan memberikan pelayanan yang baik terhadap pasien. Pelayanan terhadap resep yang lama pada pasien rawat jalan di Instalasi Farmasi dapat menyebabkan terjadinya ketidakpuasan pasien yang akan berdampak terhadap tingkat kualitas pelayanan serta mutu rumah sakit. Hal inilah yang membuat peneliti tertarik untuk menganalisis bagaimana Waktu Tunggu Dalam Pelayanan Resep Pada Pasien Rawat Jalan Di Instalasi Farmasi RSUD dr. Hadrianus Sinaga Pangururan Tahun 2023. Fokus Penelitian Bagaimana Waktu Tunggu Dalam Pelayanan Resep Pada Pasien Rawat Jalan di Instalasi Farmasi RSUD dr. Hadrianus Sinaga Pangururan tahun 2023. Subfokus Penelitian adalah: Bagaimana alur pelayanan resep pasien, Apa yang menjadi penyebab pemanjangan waktu tunggu pelayanan resep pasien dan Bagaimana dampak dari pemanjangan waktu tunggu pelayanan resep pasien rawat jalan di instalasi farmasi RSUD dr. Hadrianus Sinaga Pangururan. Jenis Penelitian Dalam penelitian ini adalah penelitian survey dengan menggunakan pendekatan kualitatif dimana metode yang digunakan adalah metode wawancara mendalam (indepth interview). Lokasi Penelitian adalah Penelitian ini di laksanakan di Rumah Sakit RSUD dr. Hadrianus Sinaga Pangururan. Berdasarkan hasil penelitian yang telah dilakukan tentang Analisis Waktu Tunggu Pelayanan Pasien Rawat Jalan di Instalasi Farmasi RSU dr. Hadrianus Sinaga Tahun 2023, maka dapat diambil hasil yaitu: Pemanjangan waktu tunggu yang terjadi di Instalasi Farmasi Pasien Rawat Jalan, dikarenakan ketersediaan obat yang sering kali terjadi kekosongan. Pemanjangan waktu tunggu yang terjadi di Instalasi Farmasi Pasien Rawat Jalan, dikarenakan penulisan etiket yang memerlukan waktu yang lama. Pemanjangan waktu tunggu yang terjadi di Instalasi Farmasi Pasien Rawat Jalan, dikarenakan pengambilan resep satu bulan yang harus melalui tahap verifikasi. Dampak dari pemanjangan waktu tunggu di Instalasi Farmasi Pasien Rawat Jalan, adalah terjadinya ketidakpuasan pasien ditandai dengan pasien yang protes dan marah-marah. Dampak dari pemanjangan waktu tunggu di Instalasi Farmasi Pasien Rawat Jalan, akibat tidak tersedianya obat menyebabkan tatalaksana pada pasien terhambat.

Kata Kunci: Waktu Tunggu, Pelayanan Resep, Pasien Rawat jalan, Instalasi Farmasi

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Introduction

Hospitals, as health facilities that provide health services to the community, play a vital role in accelerating the improvement of public health. Hospital pharmacy services are an activity in hospitals that support quality health services. Regulation of the Minister of Health Number 43 of 2016 concerning Minimum Service Standards in the Health Sector and Decree of the Minister of Health of the Republic of Indonesia Number: 129/Menkes/SK/II/2008 Concerning Minimum Service Standards for Hospitals. In the Decree of the Minister of Health of the Republic of Indonesia Number: 129/Menkes/SK/II/2008 Concerning Minimum Service Standards for Hospitals in the type of service in the field of pharmacy, it is explained that the indicators and standards that must be met are as follows: a). Waiting time for services consists of Finished Drugs: ≤ 30

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minutes and Compounds: ≤ 60 minutes, b). No occurrence of errors in administering drugs: 100%, c). Customer Satisfaction: ≥ 80% and d) Prescription writing according to the formulary: 100% [1].

One of the most essential parts of a hospital is the pharmacy installation. The pharmacy installation is an inseparable part of the hospital health service system. The pharmacy installation is responsible for procuring and presenting drug information for all parties in the hospital and developing extensive and well-coordinated pharmacy services to meet and provide good service to patients [2][3].

The Decree of the Minister of Health Number 72 of 2016 concerning pharmaceutical service standards in hospitals explains that Pharmaceutical Service Standards are benchmarks used as guidelines for pharmaceutical personnel in organizing pharmaceutical services. Pharmaceutical services are direct and responsible services to patients related to pharmaceutical preparations to achieve definite results and improve patients' quality of life [4].

The regulation of Pharmaceutical Service Standards in Hospitals aims to: a). improve the quality of Pharmaceutical Services; b). ensure legal certainty for pharmaceutical personnel; and c). protect patients and the community from irrational use of drugs in the context of patient safety [5]. To ensure the quality of Pharmaceutical Services in Hospitals, Pharmaceutical Service Quality Control must be carried out, including: a). monitoring; and b). evaluation [4].

Officers in clinical pharmacy services have duties and responsibilities that include assessing and serving prescriptions, tracing and using drugs, reconciling drugs, providing drug information services, counseling patients, monitoring drug therapy and drug side effects, evaluating drug use, dispensing sterile preparations, and monitoring drug levels in the blood [4].

Research Results Waiting time for prescription drug services at the Pharmacy Installation of the Outpatient Unit of the Dik Pusdikkes Kodiklat TNI AD Hospital Kramat Jati East Jakarta to get the waiting time for prescription drug services. The study results showed that the average waiting time for the type of patent prescription with outpatients was 14 minutes 34 seconds, where 60.2%. Meanwhile, it was 26 minutes and 14 seconds for compound prescriptions, which was 78.3%. The prescription for both patent and compound drugs averaged 17 minutes and 21 seconds. The average waiting time for the service of a small number of items was 15 minutes 44 seconds, and for a large number of items was 18 minutes 18 seconds. In comparison, the morning shift waiting time for service was 15 minutes 59 seconds, and the afternoon shift was 18 minutes 15 seconds. There is a relationship between the type of prescription, number of items, officer shift, patient payment status, and the waiting time for prescription drug services [6].

Research Senopati, A. (2010) examines the evaluation of waiting time for prescription services at the outpatient pharmacy of Panembahan Senopati Hospital, Bantul Regency, and dr. Soeradji Tirtonegoro Hospital, Klaten found that several components of Medication Errors are Pharmaceutical errors and dispensing errors; in this study, what was observed was the prescription screening component, typing, preparation, and delivery of drugs, the faster the waiting time in prescription services means the quicker the prescription service, if the prescription service is too fast it is feared that it will cause Medication Error which can harm the patient, so it is necessary to review how long the right waiting time is in prescription services, so that prescriptions can be served immediately but do not cause medication errors [7][8][9][10].

The results of the initial survey conducted by researchers at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital, which was conducted by observing and recording the waiting time for outpatient prescription services with a total of 25 prescription samples consisting of 21 non-compound prescriptions and four compound prescriptions, the average waiting time for non-compound prescriptions was 28 minutes and for compound prescriptions was 55 minutes. The results showed that out of 25 samples of finished drug prescriptions (non-compound), six prescriptions had an extended time of more than 30 minutes, with an average waiting time of 38 minutes. Meanwhile, for compound prescriptions, two prescriptions were found with an average waiting time of 70 minutes. The results of the observations obtained showed that the data on the waiting time for finished drug and compound prescription services did not comply with the Decree of the Minister of Health No. 129/Menkes/SK/II/2008 concerning Minimum Service Standards in pharmacy installations.

The waiting time for outpatient prescription services at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital is longer than the established standard due to a spike in the number of prescriptions on certain days, outpatient prescription services concurrent with inpatient prescription services, lack of pharmacists, and the administration and preparation process for drugs.

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From the initial survey results, researchers found a spike in the number of patients on Tuesday to Thursday where on that day, all Specialist Doctors practice and most of these patients are chronic patients and BPJS participants who consult more than 1 Specialist Doctor so that the types and quantities of drugs obtained are also quite a lot. This affects the assessment of prescriptions, inputting prescriptions into SIMRS, checking supporting documents for BPJS, preparing drugs, filling stock cards, and delivering medicines, which take longer. In addition, it is also often found that prescriptions from inpatient rooms are entered at the same time as outpatient prescriptions from polyclinics, which causes pharmacists to be overwhelmed and serve prescriptions, causing the waiting time for prescription services to be more extended.

Experimental Section

Type of Research

This qualitative survey uses an in-depth interview method (11). It aims to determine what factors affect the waiting time for outpatient prescription services at the Pharmacy installation of Dr. Hadrianus Sinaga Pangururan Hospital.

Location and Time of Research

This research was conducted at RSUD dr. Hadrianus Sinaga Pangururan in October 2023 to February 2024.

Research Informants

The informants in this study were the Head of Pharmacy Installation, Service Pharmacist, Administrative Pharmacist (Warehouse), Pharmacist Assistant (Pharmacy technical personnel), and Outpatients.

Table 1. Research Subfocus

No	Subfocus	Informants		How to collect data	Indicator
		Main Informant	Supporting Informant		
1	How is the flow of outpatient prescription services at the Pharmacy Installation of Hadrianus Sinaga Hospital?	Pharmacy Officer	Patient	Interview Observation Documentation	SOP for Prescription Services in Pharmacy Installations
2	Why is there an extended waiting time for outpatient prescription services at the Pharmacy Installation of Hadrianus Sinaga Hospital?	Pharmacy Officer	Patient	Interview Observation Documentation	Minimum Hospital Service Standards
3	What is the impact of the extended waiting time for outpatient prescription services at the Pharmacy Installation of Hadrianus Sinaga Hospital?	Pharmacy Officer	Patient	Interview Observation Documentation	• Problems that arise • Patient satisfaction • Quality of service

Type of Data

Primary data is obtained directly from respondents. In practice, it is obtained from in-depth interviews with informants and direct observation of the research location's situation. Secondary data in this study is data and information obtained indirectly through observation and documentation.

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Research Instrument

The research instrument in qualitative research is the researcher himself, who is a subjective human being [11]. In addition, the instrument used in this study is an interview guideline and a data collection tool: a voice recorder to make it easier for researchers to remember when re-recording the interview results and a camera to document activities during the study in the form of photos.

Data Validity Check

The data validity check technique used in this study is triangulation. Triangulation is a data-checking technique that utilizes something other than the data for checking purposes or as a comparison to the data (13). It means comparing information obtained from one informant with another informant.

Data Analysis

The data analysis technique used in this study is the analysis proposed by Miles and Huberman, which consists of data reduction, data display, and conclusion drawing/verification [11].

Results and Discussion

Overview of Dr. Hadrianus Sinaga Hospital

Dr. Hadrianus Sinaga Pangururan Hospital is located in Pangururan City, Samosir Regency, precisely at Jl. Dr. Hadrianus Sinaga No. 86, Pintusona Pangururan Village, Telephone (0626) 20923, is a division of Toba Samosir Regency by Law of the Republic of Indonesia. No. 36 of 2003 on December 18, 2003, concerning the Establishment of Samosir Regency and Serdang Bedagai Regency.

Efforts to improve services carried out by Dr. Hadrianus Sinaga Pangururan Hospital to implement the Law of the Republic of Indonesia Number 44 of 2009 concerning Hospitals where every hospital must be accredited; then on November 28-29, 2017, an accreditation survey was carried out by the Hospital Accreditation Commission (KARS). The letter from the Executive Chairman Number: 2185/KARS/XII/2017, dated December 21, 2017, concerning the Notification of Accreditation Results of Dr. Hadrianus Sinaga Regional Hospital, Samosir Regency, it was stated that Dr. Hadrianus Sinaga Regional Hospital, Samosir Regency was declared to have successfully PASSED THE FIRST LEVEL which is valid until November 27, 2020. This achievement is a source of pride for the Samosir Regency Government, the community, and Dr. Hadrianus Sinaga Regional Hospital, Samosir Regency.

Figure 1. Map of Dr. Hadrianus Sinaga Pangururan Regional Hospital Building

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Characteristics of Informants

The informants in this study are shown in Table 2.

Table 2. Information about informants

No	Informant	Position	Length of work	Education
1	Informant 1	Head of Pharmacy Installation (Pharmacist)	> 4 Years	Pharmacist
2	Informant 2	Pharmacist Service	> 4 Years	Pharmacist
3	Informant 3	Pharmacist (Administration Section)	> 4 Years	Pharmacist
4	Informant 4	Pharmaceutical Technical Personnel (TTK)	> 5 Years	Bachelor of Pharmacy
5	Informant 5	Outpatient	-	-
6	Informant 6	Outpatient	-	-
7	Informant 7	Outpatient	-	-

Research Results Based on Interviews

1. Human Resources

In the dr. Hadrianus Sinaga Pharmacy Installation: there are two administrative officers (one pharmacist and one pharmacy technician), nine pharmacy assistants (pharmacy technicians), two outpatient pharmacists, one clinical pharmacist (inpatient), and one pharmacist as the head of the installation. Based on the results of interviews with informants, all said that their human resources were still lacking. The summary results of Human Resources are shown in Table 3.

Table 3. Summary About Human Resources

No	Question Theme	Summary
1.	Human Resources in Outpatient Pharmacy	• Almost all informants said that, in general, there is still a shortage of human resources • Shortage of pharmacists
2.	Drug knowledge and skills	It does not have a significant effect because the pharmacist already has experience.
3.	Regular training program	• According to informants, there is training, but it is not routine • Lack of interest among pharmacy staff in voicing their desire to attend seminars.

2. Outpatient Prescription Service System

In general, the outpatient prescription service system at the dr. Hadrianus Sinaga Pharmacy Installation has improved, especially now that it has switched from manual to electronic prescriptions. The results of the Outpatient Pharmacy Service System are shown in Table 4.

Table 4. Summary of Outpatient Pharmacy Service System

No	Question Theme	Summary
1.	Service System in Outpatient Pharmacy	Good
2.	The longest contributing service section	• Validation/Review of prescription • Label printing • Label attachment because it requires precision • Dispensing: in this section, the availability of drugs is checked
3.	The peak of Prescription Service Busyness	It occurs on Tuesdays, Wednesdays, and Thursdays from 12.00 to 15.00, when all polyclinics are open, and there is a backlog of outpatient and inpatient prescriptions simultaneously.

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3. Facilities and infrastructure

Based on the interview regarding the facilities and infrastructure in the dr. Hadrianus Sinaga Pharmacy Installation is pretty good. The results of the Facilities and Infrastructure Summary are shown in Table 5.

Table 5. Summary of Facilities and Infrastructure

No	Question Theme	Summary
1.	Completeness of Facilities and Infrastructure	• Some informants said that the facilities and infrastructure were quite complete • One informant said there was still a need for additional computers and printers to print drug delivery sheets and labels.

4. Prescription Service Waiting Time

Based on interviews with informants regarding waiting time, all pharmacists know what waiting time means and the standard waiting time based on Permenkes 129 of 2008. Patients also explain the meaning of waiting time based on their understanding. The results of the Summary of Prescription Service Waiting Time are shown in Table 6.

Table 6. Summary of Prescription Service Waiting Times

No	Question Theme	Summary
1.	What is the Waiting Time?	All informants are aware of the waiting time
2.	Standard Waiting Time	All informants understand the waiting time standards based on the Minister of Health Regulation.
3.	Obstacles encountered in meeting the waiting time for prescription services	• Verification of one-month prescriptions takes longer than non-one-month prescriptions. • Spike in outpatient prescriptions from all polyclinics at the same time.

Based on researchers' observations, some patients protested because they waited too long. This is because most outpatients at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital are BPJS patients. Almost half of them are chronic patients treated by more than one doctor and receive a prescription for one month. So, it is necessary to check the prescription and supporting examination results more carefully, which BPJS patients must meet to obtain medicine.

5. Factors Affecting Waiting Time

Based on the interview results, several factors affect the waiting time at the dr. Hadrianus Sinaga Pharmacy Installation. Among the most prominent are the accumulation of outpatient prescriptions from several polyclinics that are entered simultaneously with inpatient prescriptions, the type and amount of drugs received by patients, and checking the results of supporting examinations before the delivery of drugs. The following is an excerpt from an interview with an informant:

"For inpatient prescriptions, try to enter the Pharmacy Installation no later than 11:00 so that it does not clash with the schedule for outpatient prescriptions from the polyclinic so that there is no accumulation of prescriptions at the same time" (informant 1)

"For patients who receive chronic prescriptions or prescriptions for 1 month, the results of supporting examinations should be completed before submitting the prescription, identity card, or SEP (Patient Eligibility Letter) to the Pharmacy officer because the Pharmacy Installation is the last door of service, right sis, the examination has been carried out before coming here, so if possible the supporting files are complete so that the prescription service is faster" (informant 2)

"What makes the waiting time long is the number of drugs received by the patient; there are several patients who consult more than one doctor and receive a large number and type of drugs, so the preparation of drugs and their labels takes longer, not to mention if the drugs are compounded drugs for 1 month" (informant 4).

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6. Impact of Extended Waiting Time

From the interviews with informants, it was found that the impact of the lengthening of the waiting time was to give the impression of dissatisfaction to patients. The following is an excerpt from an interview with an informant:

"As for the impact itself, patients often get angry because they wait too long, but we still explain that for every outpatient prescription service, especially BPJS patients, a longer examination is needed, especially for supporting examination files so that the medicine can be delivered" (informant 1).

"The impact or effect of lengthening the waiting time is that patients protest and even get angry, sis. This is the most impactful thing from the lengthening of the waiting time. Still, the waiting time is longer because there is a validation or review process. If the medicine is for a month, it takes time to verify, not to mention we have to prioritize emergency patients" (informant 2).

"The impact, in my opinion, is that patients are not satisfied, patients protest and get angry, especially if the patient's residence is far from the hospital" (informant 3).

7. Efforts of Pharmacy Installation in Improving Services

The interviews with informants found that in carrying out maximum service, each pharmacy officer must be more patient and friendly and not get carried away by emotions because this will increase the length of the service process. In addition, pharmacy officers must be agile in preparing each prescription received. The following is an excerpt from an interview with an informant:

"In my opinion, to speed up the outpatient prescription service process at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital, the outpatient prescription and inpatient prescription reception counters must be distinguished so that there is no accumulation of prescriptions at the same time, or there is a change from the doctor's visitation hours to inpatients so that inpatient prescriptions received at the Pharmacy Installation do not clash with outpatient prescriptions from the Polyclinic" (informant 1).

"I think the addition of infrastructure helps improve outpatient prescription services at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital. Hadrianus Sinaga, such as internet network, additional computers, and printers to print drug delivery sheets and labels" (informant 2).

"To improve our prescription services, additional human resources also have an impact; pharmacists in outpatient care for each shift are sufficient, and the pharmacy technical staff are also sufficient" (informant 3).

"If the patient is angry, we are patient in answering, explaining that the delivery of drugs is according to the queue number and must go through several inspection processes" (informant 4).

Prescription Service Flow at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital

In mid-February 2024, outpatient prescription services for Polyclinic patients changed from manual prescriptions to electronic prescriptions. Patients only bring an identity card for general patients, and for BPJS patients, an identity card and SEP (Patient Eligibility Letter).

From the results of observations at the outpatient Pharmacy Installation of Dr. Hadrianus Sinaga Hospital, there are six stages in the prescription service process, namely:

1. Submission of prescriptions (for manual prescriptions) or submission of patient identity and SEP (Patient Eligibility Letter) for electronic prescriptions.

Outpatients from the Emergency Room still submit manual prescriptions to the prescription reception counter. At this stage, the pharmacy staff (Service Pharmacist) reviews the prescription by looking at the patient's identity, the origin of the prescription, the type of prescription, and its completeness. If the prescription information is unclear or the prescribed drug is unavailable, the pharmacy staff will reconfirm with the doctor who wrote the prescription.

If the patient is general, outpatients from polyclinics only need to bring an identity card and report it to the pharmacist in the prescription reception section. If the patient is a BPJS patient, the patient must get a SEP (Patient Eligibility Letter) and identity card to report to the pharmacist.

2. Prescription Validation / Review

Prescription validation or review is carried out after the pharmacist receives the prescription. Electronic prescriptions are validated after the patient submits an identity card, SEP (Patient Eligibility Letter), and

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supporting examination results and after the doctor sends the electronic prescription to the pharmacy installation in the patient's name.

The pharmacist or pharmacy officer receiving manual outpatient prescriptions from the emergency room reviews them. The pharmacy officer checks seven points of correctness in the prescription: the correct patient, the correct drug, the correct dose, the correct method of administration, the correct time of administration, the correct documentation, and the correct information.

3. Printing of drug delivery sheets (for electronic prescriptions) and printing of drug labels

Printing of drug delivery sheets applies to electronic prescriptions. Patients from polyclinics whose electronic prescriptions have been validated by the pharmacist receiving the prescription will be printed for preparation by the Pharmaceutical Technical Personnel. Printing of drug labels is carried out for all prescriptions, both manual and electronic prescriptions, that have been validated or reviewed.

4. Taking drugs or compounding drugs (if the prescription is compounded)

After the prescription has been validated or reviewed, the pharmaceutical technical personnel will take the drugs from the drug storage area; if the drugs are not available, the pharmaceutical technical personnel will report it to the Pharmacy Warehouse section, and if there is a drug shortage, the Service Pharmacist will contact the doctor regarding the drug shortage and ask whether the drug is replaced or not. If the drug is not replaced, the officer will provide a copy of the prescription to the patient so that the patient can pick up the drug the next day or when the drug is available. For patients who receive chronic prescriptions (1-month prescriptions), pharmaceutical technicians must ensure that the amount of medication given is correct and is accompanied by supporting examination results. Medication is compounded in a special compounding room for patients who receive compounded prescriptions. Pharmaceutical technicians must pay attention to the cleanliness of the equipment when compounding the medication and correctly calculate the dosage and amount of drugs requested. Medications taken from their storage location are recorded on the stock card as proof of medication dispensing.

5. Drug packing (including labeling)

After the pharmaceutical technician takes the drug according to the prescription, the finished or compounded drug is packed in 1 place according to the type of each drug and labeled on the outside packaging while adjusting it to the prescription.

6. Handing the drug to the patient accompanied by drug information and photo evidence of handover.

At this stage, the officer hands over the drug to the patient, accompanied by education, and explains how to use the drug, drug indications, and drug side effects. According to Pernenkes No. 58 of 2015 concerning Pharmaceutical Service Standards, clinical pharmacy services include:

a. Prescription Assessment and Service

Prescription assessment is conducted to analyze any drug-related problems; if drug-related issues are found, they must be consulted with the prescribing physician. Pharmacists must conduct prescription assessments according to administrative, pharmaceutical, and clinical requirements for both inpatients and outpatients. Administrative requirements include: 1) name, age, gender, weight, and height of the patient; 2) name, permit number, address, and initials of the doctor; 3) date of prescription; and 4) room/unit of origin of the prescription.

Pharmaceutical requirements include: 1) drug name, form, and strength of preparation; 2) dosage and quantity of drug; 3) stability 4) rules and methods of use. Prescription services start with receipt, checking availability, preparation of pharmaceutical preparations, medical devices, and disposable medical materials, including compounding drugs, examination, and delivery, accompanied by information. At each stage of the prescription service flow, efforts are made to prevent medication errors.

b. Drug History Tracking

Drug history tracking is a process to obtain information about all drugs/other pharmaceutical preparations that have been and are being used. Treatment history can be obtained from interviews, medical record data, and patient drug use.

c. Drug Reconciliation

Drug reconciliation is the process of comparing treatment instructions with the drugs that the patient has received. Reconciliation is carried out to prevent medication errors such as drugs not being given, duplication,

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dosage errors, or drug interactions. Medication errors can occur when transferring patients from one hospital to another, between treatment rooms, and in patients discharged to primary health care and vice versa.

d. Drug Information Service (PIO)

Drug Information Service (PIO) provides and gives information, independent, accurate, unbiased, current, and comprehensive drug recommendations carried out by pharmacists to doctors, nurses, other health professionals, patients, and other parties outside the hospital.

e. Counseling

Drug counseling is an activity of providing advice or suggestions related to drug therapy from pharmacists (counselors) to patients and/or their families. Counseling for outpatients and inpatients in all health facilities can be carried out on the initiative of the pharmacist, doctor's referral, and the wishes of the patient or their family. Effective counseling requires patient and/or family trust in the pharmacist. Providing drug counseling aims to optimize therapy results, minimize the risk of unwanted drug reactions (ROTD), and increase cost-effectiveness, which ultimately increases the safety of drug use for patients (patient safety).

Why There is an Extended Waiting Time for Prescription Services

Based on the study's results, which were conducted through in-depth interviews and observations, several factors contributing to the prolonged waiting time for outpatient prescription services at the pharmacy installation of Dr. Hadrianus Sinaga Hospital were identified. One of the main factors is the peak prescription service period, which occurs on Tuesdays, Wednesdays, and Thursdays, coinciding with inpatient prescription services. Previous studies have noted that high-demand schedules for medication services can extend patient waiting times, mainly when resources are insufficient to accommodate the workload during peak hours [12]. Similar findings were reported at Advent Manado Hospital, where the average prescription service waiting time exceeded 20 minutes during peak hours, demonstrating a direct correlation between busy periods and prolonged waiting times [12].

Furthermore, inadequate human resources is also a significant factor affecting service efficiency. Research has shown that a pharmacy staff shortage can slow the prescription service process, leading to prescription accumulation and increased waiting times [13]. Pharmacists' knowledge of facility and infrastructure utilization also plays a crucial role. Their experience transitioning from manual to electronic prescriptions directly correlates with improved service efficiency, as pharmacists proficient in technology better meet patient demands [12].

Additionally, inconsistencies in pharmacists' knowledge regarding drug information services can impact service quality and waiting times. A lack of understanding in providing accurate and timely medication information may lead to delays [14]. Moreover, structural issues, such as the absence of separation between outpatient and inpatient prescription services, result in overlapping services, further exacerbating waiting time issues [12].

Writing labels or printing also affects the length of the waiting time because it requires extra care. This is also influenced by the speed of writing or typing by officers and the number of drugs and prescriptions received. This aligns with research conducted by Septini (2012), which states that writing labels or printing can be influenced by officers' writing or typing skills, the number of prescriptions, and the number of drugs in each prescription. At this stage, officers also recheck the prescriptions being worked on, starting with the patient's name, type of drug, number of drugs, and dosage written on the prescription with the packaged drugs, after which it is submitted to the drug delivery section. Rechecking takes a long time because officers must be careful and concentrate on checking to avoid mistakes. This is in line with Permenkes No. 58 of 2014 concerning Pharmaceutical Service Standards, which states that the checking process is one of the efforts to prevent errors in administering drugs to patients.

Another thing that causes a long waiting time is the one-month prescription verification process. At this stage, officers must verify via computer, so it takes a long time to process the drug collection. Septini's (2012) research shows that prescriptions requiring protocols take longer than others. This is due to the verification process, which causes delays.

What is the Impact of Extended Waiting Time

Based on the results of in-depth interviews and observations at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital, it was found that prolonged waiting time is a significant factor contributing to

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patient dissatisfaction. This phenomenon is evident from patient protests and frustration due to excessive waiting times before receiving services. Previous studies have shown that waiting times exceeding the established standards can lead to delays in medication consumption, potentially slowing down the patient recovery process [15,16]. For instance, in several hospitals, outpatient service waiting times have been reported to exceed 143 minutes, far beyond the minimum service standard of 60 minutes [15].

The waiting time issue is not limited to consultations at the polyclinic but is also highly noticeable at the Pharmacy Installation, where patients must wait to receive their prescribed medications. Studies have reported prolonged waiting times for pharmacy services, with an average of 36 minutes for non-compounded prescriptions, due to resource limitations and medication availability [13]. Consequently, patients often miss their scheduled meals and medication intake, which can significantly impact the effectiveness of the prescribed therapy [16,17]. Delays in medication consumption may prolong recovery times and potentially worsen the patient's health condition [18]. With the increasing number of patients and the growing complexity of healthcare services, implementing efficient management systems such as Lean Six Sigma has proven effective in improving waiting time efficiency and patient satisfaction [19,20]. For instance, improvements in pharmacy service systems have been shown to significantly reduce waiting times, positively impacting patient satisfaction [21]. Therefore, it is crucial for hospitals to continuously evaluate and enhance service processes to address waiting time issues, as this remains a primary concern among patients [22].

In this context, the distance patients must travel from their homes also influences their dissatisfaction with healthcare services. Patients from urban areas often face additional challenges due to extended waiting times, worsening their healthcare experience. This aligns with findings from other studies, which indicate that prolonged waiting times directly affect the overall perception of hospital service quality [23,24]. Hence, strategic measures must be implemented to address these concerns regarding hospital operations and policies to bring healthcare services closer to patients [13].

According to Elizabeth (2016), waiting time is closely related to patient satisfaction with the services provided, especially for patients treated in the hospital's outpatient installation. This is very important because the outpatient pharmacy installation in a hospital is the end of all outpatients who come to the hospital, so the quality of service must be given more attention, improved, and maintained. Waiting too long can reduce efficiency in managing outpatient pharmacy installations.

Patient satisfaction is one indicator of pharmacists' service, which can help realize optimal hospital service quality. Research conducted by Nurjanah (2016) shows a strong relationship between the waiting time for prescription services in outpatient pharmacies and patient satisfaction. Extended prescription services will reduce patient satisfaction in terms of service waiting time. Conversely, fast prescription services will increase patient satisfaction regarding service waiting time.

According to research by Esti (2015), waiting time influences patient satisfaction. Long waiting times have the potential to cause patient dissatisfaction. This aligns with research conducted by Fitriah (2016), which states that the waiting time for drug services in outpatient pharmacy installations has not met the minimum service standards. As a result, patient satisfaction with drug service times is low.

Conclusions

Based on the findings of this study on the analysis of outpatient prescription service waiting times at the Pharmacy Installation of Dr. Hadrianus Sinaga Hospital in 2023, several conclusions can be drawn. The prolonged waiting time is primarily caused by a surge in prescription requests on Tuesdays, Wednesdays, and Thursdays, coinciding with the simultaneous accumulation of outpatient and inpatient prescriptions. Additionally, delays occur due to the extended validation and printing process of prescription labels, further contributing to service inefficiency. The requirement for one-month prescription collections to undergo a verification stage also adds to the waiting time, creating additional bottlenecks in the service process. The prolonged waiting time at the pharmacy installation ultimately affects patient satisfaction, often leading to dissatisfaction expressed through complaints and frustration. These findings highlight the need for service optimization strategies to enhance efficiency and improve patient experience at the hospital's pharmacy installation.

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References

[1] Permenkes RI. Keputusan Menteri Kesehatan Republik Indonesia Nomor 129/MENKES/SK/II/2008 Tentang Standar Pelayanan Minimal Rumah Sakit. Jakarta: Departemen Kesehatan RI; 2008.

[2] Faramita NI, Wiyanto S. Penyebab dan Solusi Lama Waktu Tunggu Pelayanan Obat di Instalasi Farmasi Rawat Jalan Rumah Sakit. Jurnal Kedokteran Brawijaya 2016;29:245–51.

[3] Nurjanah I. Hubungan antara waktu tunggu pelayanan resep dengan kepuasan pasien di apotek pelengkap kimia farma BLU Prof. Dr. RD Kandou Manado. PHARMACON 2016;5.

[4] Permenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 72 Tahun 2016 Tentang Standar Pelayanan Kefarmasian di Rumah Sakit. Jakarta: Departemen Kesehatan RI; 2016.

[5] Karuniawati H, Hapsari IG, Arum M, Aurora AT, Wahyono NA. Evaluasi pelaksanan standar pelayanan minimal (SPM) farmasi kategori lama waktu tunggu pelayanan resep pasien rawat jalan di RSUD Kota Salatiga. Kartika: Jurnal Ilmiah Farmasi 2016;4:20–5.

[6] Sahlawati S, Tamri T. Analisis Waktu Tunggu Pelayanan Resep Obat Di Instalasi Farmasi Unit Rawat Jalan Rumah Sakit Dik Pusdikkes Kodiklat Tni Ad Kramat Jati Jakarta Timur. Jurnal Untuk Masyarakat Sehat (JUKMAS) 2018;2:103–15.

[7] Senopati ARJRP. Evaluasi waktu tunggu pelayanan resep di apotek rawat jalan RSUD panembahan senopati kabupaten bantul dan RSUP dr. Soeradji Tirtonegoro Klaten periode Juni-Agustus 2010 2010.

[8] Margiluruswati P. Analisis Ketepatan Waktu Tunggu Pelayanan Resep Pasien JKN dengan Standar Pelayaan Minimal (SPM) Rumah Sakit. Jurnal Manajemen Kesehatan Yayasan RS Dr Soetomo 2017;3:238–48.

[9] Purwandari NK, Suryoputro A, Arso SP. Analisis waktu tunggu pelayanan resep pasien rawat jalan di Depo Farmasi Gedung MCEB RS Islam Sultan Agung Semarang. Jurnal Kesehatan Masyarakat 2017;5:103–10.

[10] Septini R. Analisis Waktu Tunggu Pelayanan Resep Pasien Askes Rawat Jalan di Yanmasum Farmasi RSPAD Gatot Subroto tahun 2011. Universitas Indonesia 2012.

[11] Afrizal MA. Metode penelitian kualitatif. Jakatra: PT Raja Grafindo Persada 2014.

[12] Toreh EE, Lolo WA, Datu OS. Evaluasi Pelaksanaan Standar Pelayanan Minimal (Spm) Farmasi Kategori Lama Waktu Tunggu Pelayanan Resep Pasien Rawat Jalan Di Rumah Sakit Advent Manado. Pharmacon 2020;9:318. https://doi.org/10.35799/pha.9.2020.29288.

[13] Yusuf F, Ulla UWR, Tambunan OP. Evaluation of Waiting Time for Pediatric Patients at HKBP Balige General Hospital. International Journal of Health Engineering and Technology 2023;1. https://doi.org/10.55227/ijhet.v1i6.130.

[14] Schenkelberg C, Al-Khatib A, Bakken BK, Arya V, Gaither CA, Kreling DH, et al. Identifying Services Provided in Community Pharmacy Practice Settings. Innov Pharm 2023;14:2. https://doi.org/10.24926/iip.v14i3.5543.

[15] Purnomo W, Hariyanti T, Prastowo W. Analisa Waktu Tunggu Pelayanan Rawat Jalan Di RS Universitas Brawijaya. Jurnal Manajemen Bisnis Dan Kewirausahaan 2021;5:447. https://doi.org/10.24912/jmbk.v5i4.6904.

[16] Yanti F, Josep A, Sijabat VNW. Analysis of Waiting Time for Patient Services of Disease Polyclinic at HKBP Balige General Hospital. International Journal of Health Engineering and Technology 2023;1. https://doi.org/10.55227/ijhet.v1i6.133.

[17] Bustani NM, Rattu AJM, Saerang JSM. Analisis Lama Waktu Tunggu Pelayanan Pasien Rawat Jalan Di Balai Kesehatan Mata Masyarakat Propinsi Sulawesi Utara. Jurnal E-Biomedik 2015;3. https://doi.org/10.35790/ebm.3.3.2015.10456.

[18] Lou L, Yin S, Xia M, Xia W, Wang R, Lin K, et al. Impact and Analysis of the "One Visit" System to Optimize the Flow of Medical Services on Patients' Waiting Time: A Retrospective Study 2024. https://doi.org/10.21203/rs.3.rs-3863126/v1.

[19] Kam AW, Collins S, Park T, Mihail M, Stanaway F, Lewis N, et al. Using Lean Six Sigma Techniques to Improve Efficiency in Outpatient Ophthalmology Clinics. BMC Health Serv Res 2021;21. https://doi.org/10.1186/s12913-020-06034-3.

Electronic ISSN : 2656-3088
Homepage: https://www.journal-jps.com

[20] Loh BCC, Wah KF, Teo CA, Khairuddin NM, Fairuz FB, Liew JES. Impact of Value Added Services on Patient Waiting Time at the Ambulatory Pharmacy Queen Elizabeth Hospital. Pharm Pract (Granada) 2017;15:846–846. https://doi.org/10.18549/pharmpract.2017.01.846.

[21] Megawati M, Hakim L, Irbantoro D. Penurunan Waktu Tunggu Pelayanan Obat Rawat Jalan Instalasi Farmasi Rumah Sakit Baptis Batu. Jurnal Kedokteran Brawijaya 2015;28:163–8. https://doi.org/10.21776/ub.jkb.2015.028.02.9.

[22] Hussain A, Sial MS, Usman SM, Hwang J, Jiang Y, Shafiq A. What Factors Affect Patient Satisfaction in Public Sector Hospitals: Evidence From an Emerging Economy. Int J Environ Res Public Health 2019;16:994. https://doi.org/10.3390/ijerph16060994.

[23] Abbasi-Moghaddam MA, Zarei E, Bagherzadeh R, Dargahi H, Farrokhi P. Evaluation of Service Quality From Patients' Viewpoint. BMC Health Serv Res 2019;19. https://doi.org/10.1186/s12913-019-3998-0.

[24] Nigussie S, Edessa D. The Extent and Reasons for Dissatisfaction From Outpatients Provided With Pharmacy Services at Two Public Hospitals in Eastern Ethiopia. Front Pharmacol 2018;9. https://doi.org/10.3389/fphar.2018.01132.

Electronic ISSN : 2656-3088
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