

Analysis of Waiting Time for Information on Billings of Patients at Royal Prima

Anggita Kasih Fianti Situmorang¹, Chrismis Novalinda Ginting², Sri Wahyuni Nasution³
^{1,2,3}Master Public Health Faculty of Medical, Universitas Prima Indonesia, Medan, North Sumatera, Indonesia

Abstract— The analysis of waiting time for the provision of billing information for inpatients is intended to maintain and improve the quality of inpatient administrative services provided. The purpose of this study was to determine the analysis of the speed of time in delivering billing information for inpatients from the input, process, and output aspects. The type of research used is a descriptive-analytic qualitative study which is supported by quantitative analyses. All data in this study were obtained from unstructured interviews, in-depth interviews, document review, and time calculations. The results showed that the average processing time in inpatient administration was 17 minutes (< 1 hour), with the fastest time of 11.33 minutes and the maximum time reaching 22.48 minutes. Completing the administration of inpatients is influenced by human resources, policies, hospital licenses, length of stay, and the number of patients. This study concludes that the waiting time for providing billing information for inpatients who will go home is relatively fast, < 1 hour.

Keywords— Waiting time, information, hospitalization.

I. INTRODUCTION

According to the World Health Organization (WHO), the hospital is an integral part of a social and health organization with the function of providing complete (comprehensive) services, curing disease (curative), and disease prevention (preventive) to the community. The hospital is also a training center for health workers and a center for medical research. However, at present, the hospital functions as a place for the treatment of diseases and injuries and has developed towards a unified service effort for the whole community, which involves promotive, preventive, curative, and rehabilitative aspects. The hospital is not only a place but also a facility, an institution, and an organization. Therefore, the hospital is a capital-intensive, labor-intensive, technology-intensive, and problem-intensive institution. On the other hand, Rowland and Rowland, in the Hospital Administration Handbook (2015), stated that the hospital is one of the most complex and most effective health systems globally (Aditama, 2015).

Like other business fields, hospitals are constantly faced with a changing business environment from time to time (Supriyantoro, 2017). Nowadays, competition between hospitals is getting stronger, especially with the critical thinking of the community, so that public demands for service quality are getting higher, so the services provided by hospitals must be of really high quality and satisfying. Patient satisfaction depends on the quality of service. Services are formed based on five principles of Service Quality, namely reliability, responsiveness, assurance, empathy, and tangibles. A service is said to be suitable by the patient if the services provided can meet the patient's needs, using the patient's perception of the service received (satisfactory or disappointing, including the length of service time) (Anjaryani, 2016). Satisfaction starts from service to patients from the patient first arrives until the patient leaves the hospital.

Hospital Royal Prima Medan is one of the private hospitals in Medan City, established in 2014. This hospital is a class B hospital with 200 beds. To provide health services in hospitals

supported by nurses as many as 244 people. The hospital's performance assessment was based on the Bed Occupancy Rate (BOR) in 2014, 34%. In 2015, the Hospital Royal Prima Medan became one of the BPJS Health providers, causing an increase in the BOR value, from 29.5% in January 2015 to 54.3% in February and increasing by around 10-15% throughout 2015.

Most of the time, the provision of information about bills of inpatients after being declared allowed to go home by the doctor until the patient receives the billing information lasts > 2 hours, while based on Kepmenkes No. 129 of 2008 concerning Minimum Service Standards, the speed of time for providing information on bills for inpatients is 2 hours (Ministry of Health of the Republic of Indonesia No. 129, 2008).

Waiting time is the time used by health workers in hospitals to provide services to patients. Waiting time is a problem that often causes patient complaints in several hospitals, including Hospital Royal Prima.

The length of patient waiting time reflects how the hospital manages service components tailored to the patient's situation and expectations (Depkes, 2007). Waiting time in the administration service of patients going home is one factor that influences patient perceptions of service quality at Hospital Royal Prima. Patients who initially thought that the quality of service at Hospital Royal Prima could change their opinion because of this incident. Therefore, the waiting time for the patient's discharge administration process needs to be resolved immediately.

From the results of previous research by Mutiarawati (1996) regarding the analysis of the time required for the completion of inpatient administration who will return home, it is stated that every department involved with administrative settlement has a long time to complete the administration of home patients. Observation of the amount of time required to complete each stage of administration of inpatients who have been allowed to go home. The entire administration process for patients to go home takes 1176.6 minutes (20 hours). Only one respondent could complete this process in 135 minutes (2

hours 15 minutes). Of the 26 respondents with instructions to go home in the morning, it took 486.7 minutes (8 hours).

The results of Anggraini's (2008) research regarding the quality of service in the Inpatient Administration section at a Government Hospital in the Jakarta area found the percentage of patients who said that the service in inpatient administration was good at 44%, and another 56% said the service was not good. Subsequent research in the following year by Pahlevi (2009) in the same place found that patient care in inpatient administration was still not optimal. This is caused by various interrelated factors, namely HR, SOPs, patient payment methods, pre-admission stage, and admission stage.

No research has been conducted at the Hospital Royal Prima Medan on inpatient administrative services, so the hospital is still guessing about the cause of the length of executive service at this hospital.

Starting from the above, the researchers are very interested in studying further the problems that are happening so that they can know how to analyze the waiting time for providing billing information for inpatients at the Hospital Royal Prima.

II. METHOD RESEARCH

2.1. Method Analyze.

As for the introduction above, it can be seen that the method to be used must be able to provide billing information for inpatients since receiving instructions to go home from the doctor who treats them until they are allowed to pay is quite long, because new patients can complete their administration in more than 2 hours. This happens to almost all patients, general or insurance. This long time can cause patient satisfaction to decrease, especially for available patients. Therefore, researchers are interested in knowing more about analyzing waiting times for inpatient billing information at Hospital Royal Prima.

This study uses a qualitative research type with a descriptive analytical approach to obtain information about the factors that affect the speed of time in providing billing information for inpatients who will go home at Grha Permata Ibu Hospital. The methods used are observation, document review, unstructured interviews, and in-depth interviews with officers involved in the process of settling bills for inpatients and hospital management. In addition, this research is also supported by quantitative analysis to obtain time calculation data from each stage of the administration process for inpatients who will go home based on the results of observations.

To obtain information about each of the variables studied, the informants were selected according to the applicable principles, namely:

1. Appropriateness

Informants are selected based on their knowledge related to the research topic.

2. Adequacy

Data obtained from informants must be able to describe all phenomena related to the research topic. Informants were selected based on criteria related to the research topic, such as age, education, experience, and position in the work unit concerned. With the variation of these criteria, it is hoped that

the information collected will also vary so that researchers can obtain an overview of the existing phenomena.

2.2. Research Instruments

The instruments used in this study were in-depth interview guidelines, document review guidelines, and time observation guidelines. Researchers used a voice recorder, paper, and stationery to assist the interview process in conducting in-depth interviews. As for the observation guidelines to measure the speed of time, the researchers used a digital clock and a time recording formula

The data used to obtain information in this study are:

1. Primary data

Primary data were obtained by researchers from the results of unstructured interviews with the head of the HR department and from the effects of in-depth interviews with research informants using in-depth interview guidelines to obtain information regarding the provision of billing information for inpatients at Royal Prima Hospital.

2. Secondary data

The secondary data in this research was obtained from the study of documents related to research topics such as the flow of services, policies, programs, and activities carried out by the Royal Prima Hospital related to Hospital Administration services.

2.3. Data Processing and Analysis

The data that has been collected from the results of interviews, document review, and the effects of time calculations have been processed through several stages. Data from in-depth interviews, the first thing to do is listen carefully to the recorded interviews. The researcher then made a transcript of the discussion in as much detail as possible by retyping the interview results into the computer. The results of the transcript will then be reread, understood, and researched.

The analysis in this study uses content analysis by looking at the relationship between the informants' answers and concluding the overall themes that emerge.

The time calculation in this study was carried out by calculating the time from the last doctor's visit, which stated the patient could go home until the patient received information about the inpatient bill. The estimated time is then recorded in the guidelines for recording the patient's discharge time. The result of time calculation is in minutes format. The results are rechecked to ensure that there are no errors in the recording. After that, the authors input the data into the computer to know the statistics. This time calculation is used to see whether the time spent on the administration process of this discharge patient is by the standard or not.

III. ANALYZE AND RESULT

In this study, the survey results are presented regarding the Analysis of Time Speed of Providing Inpatient Billing Information for Inpatients in the Inpatient Administration section of Royal Prima Hospital Medan. Data collection was carried out using primary data, namely using in-depth interviews with twelve informants who were felt to influence the research and unstructured interviews with an informant.

Another way researchers use to obtain primary data is by conducting direct observations to see the length of time for providing billing information for inpatients. In addition to preliminary data, the researcher also uses secondary data obtained from the study of documents related to the research topic and other secondary data associated with administering inpatients who will return home at the Royal Prima Hospital in Medan.

This research activity was carried out by the author at the Royal Prima Hospital, especially in the inpatient administration section, which was carried out during October 2020

4.1. Informant Characteristics

Informants who were interviewed in-depth in this study included Deputy Director of Medical and Nursing, Ka. Bureau of Finance and Accounting, Head of Nursing, Head of Inpatient Installation, three implementing nurses, two inpatient administrative officers, cashiers, pharmacists, and IT managers. Meanwhile, the informant in the unstructured interview was Ka. HR. These informants are directly involved in administrative services to inpatients and in making policies related to the administration.

4.2 Sample

The sample is general hospitalized patients who will go home collected during the observation period from October 11, 2020, to October 23, 2020, on Monday - Saturday. The samples taken were patients who had been visited by the doctor concerned with the time to go home from 09.00 - 17.00 WIB, as many as 30 patients. Which can be used as patients whose every discharge process is recorded, and no method has been missed by recording the time.

The stages of the process referred to here are:

- What time was the last doctor's visit stating that the patient was allowed to go home.
- What time is the administrative process in the nursing department? In this case, the collection and making of invoices such as doctor visit receipts, home prescriptions, and drug returns and the making of a Return Permit (SIP) are completed.
- What time does the pharmacist receive a prescription from the treatment room until it is confirmed to the inpatient administration section.

What time does the administrative officer receive the SIP from the treatment room to complete the patient's bill to provide billing information to the patient/patient's family.

Research on the analysis of the speed of time in providing billing information for inpatients will be seen by researchers to obtain final information on patient bills to know the speed at which billing information is given as output in this study. In this study, the aspects that will be seen are inputs, including human resources, policies, hospital licenses, length of patient stay, and the number of patients and the number of patients.

Then from the process, including the process in the nursing section, the process in the pharmacy, and finally the process in the inpatient administration section.

When observing both the morning shift and the afternoon shift, it was seen that there was a division of the worker's job desk, namely the division of tasks between the officers who input the billing receipts data and the officer who verified the data as well as the inpatient administration officer who also doubled as inpatient cashier. So that payments can now be made in 1 room, previously the patient was transferred to the outpatient cashier downstairs to pay the bill.

Almost all of the informants interviewed said that the number of human resources in the inpatient administration unit was sufficient. This can be seen from the following interview excerpts:

it's enough for inpatient admins. Ideally, there should be three shifts, and now there are only two shifts, but 2 shifts can still be handled well, I don't want to have to help each other, bro.

"It's still not enough, ideally, if you can, 3 in the morning, 3 in the afternoon, there is 1 in the middle."

"Actually, it's not enough because there's also a lot of work, the human resources are a bit lacking and if there can be additions."

It should be added 2 or 3 new people is enough. But like this, it can still be handled properly, but it is better as input for each floor there should be one."

The qualifications of officers in education are currently appropriate because the average officer has an educational background of D3 and S1. But based on the results of the interview, educational background is not too necessary, but the most important thing is work experience. Based on the results of the document review, their average length of work varies. Namely 2 employees have worked for two years, one person has worked for three years, and two others have only worked for a few months, even though their coordinator is a very new employee.

As previously mentioned, in addition to the human resources in the inpatient administration unit, the adequacy of the number of human resources in other departments related to the speed of time for providing patient billing information also influences as in human resources in the treatment room and pharmacy.

Currently, the treatment room is adequate so that the available personnel is focused on providing medical services to patients.

Based on the results of observations and document reviews, the researchers saw written policies in the form of director's decrees, circulars, and internal memos. Then he supported the existence of SOP books in each room, both the treatment room, pharmacy, and inpatient administration room. From the confessions of several informants, they stated that there were SOPs and that in each room, there were leftovers, and some were posted on every wall of the room. The informant stated a written policy at Royal Prima Hospital related to the patient's discharge process. According to informants, guidelines flow based on SOPs and daily habits that have been followed for a long time. This can be seen in the following interview excerpt:

"There must be a written policy, yes, that's why because there is a policy that has been implemented every day, it has become a habit to be executed every day."

"If the SOP is for sure, for example, what time is it stated for the patient to go home or permission has been given by the doctor to go home until the payment process is complete, there are SOP rules at this hospital, so don't play home carelessly."

Meanwhile, an informant also stated that there are written policies that are always carried out by existing policies, such as the policy regarding the time of discharge of patients listed on the SIP (Surat Permit Going Home).

"So far this policy has always been carried out, there is no policy that patients have to go home at that time, it all depends on the doctor who has given permission to go home and according to the SOP."

Based on the admission of an informant, written policy is a mandatory matter that must be immediately made as an essential reference guide for all officers in completing all activities related to the implementation of inpatient administrative services. Following are the results of interviews with these informants:

"Now we still use the existing policies and SOPs, because in this hospital there must be service standards."

One of the variations in the answers to the policies that apply at Royal Prima Hospital is activities to socialize these policies to the relevant officers. Based on the results of interviews, there are already written policies and SOPs in the administration, pharmacy, and inpatient departments. This socialization has an impact on officers to know about the existence of the policy.

The conceptual framework section has explained that this research only discusses the aspects of input, process, and output. The input aspects studied consisted of human resources, policies, hospital driver's licenses, length of patient stay, and a number of patients from the part of the process, namely nursing, pharmacy, and administration. The output in this research is the waiting time for providing inpatient billing information, which impacts improving the quality of inpatient administration services.

Based on observations during the research process, the researchers saw written policies in the form of director's decrees, circulars, and internal memos and SOP books in each room, both nursing, pharmacy, and administrative spaces. The finance department has made policies related to managerial procedures for inpatients who are going home from the observations.

Referring to the results of the research and the decisions described above, the researchers concluded that the rules continued the existing policies. If possible, the guidelines were much better for the sake of progress at this hospital itself. After that, there should often be a policy socialization process for all relevant employees to know and understand the policy well.

IV. CONCLUSION

1. Human resources at Royal Prima Hospital are sufficient. With such a background, the existing human resources are by service standards. And also, the policies in the SOP already exist and have been implemented by the SOP rules at the Royal Prima Hospital itself. And Royal Prima Hospital has implemented SIM usage since the hospital was founded. But

often, with the development of the system, there are still some obstacles that the relevant officers feel.

2. From the results of research in the inpatient administration section, the results obtained 17 minutes while in the pharmacy section the results were 14 minutes, the length of the patient's day of care greatly affected the speed of the administrative process carried out in the administration and pharmacy sections because of the final verification process for checking data. In the nursing section, the results were 11.5 minutes, and the length of the patient's stay did not affect the patient's discharge process.

3. The conclusion in the study is the quality of service at the Royal Prima Hospital regarding the waiting time for providing billing information to inpatients who will return home is relatively fast and not too long, namely 44 minutes, which is based on Kepmenkes No. 129 of 2008 regarding minimum service standards the speed of delivery. Information about bills for inpatients < 2 hours.

REFERENCES

- [1] Adikoesoemo, Suparto. 2003. *Manajemen Rumah Sakit*, Jakarta: Pustaka Sinar Harapan.
- [2] Aditama, Tjandra Yoga. 2007. *Manajemen Administrasi Rumah Sakit*, Edisi kedua, Cetakan Ketiga, Jakarta Utara.
- [3] Anggita, Dhita. 2012. *Pelaksanaan SOP di Ruang Rawat Inap RS Grha Permata Ibu*. Laporan Prakesmas. Program Sarjana Fakultas Kesehatan Masyarakat Universitas Indonesia, Depok.
- [4] Anggraini, Dian. 2008. *Perbandingan Kepuasan Pasien Gakin dan Pasien Umum di Unit Rawat Inap RSUD Budhi Asih Tahun 2008*. Skripsi. Program Sarjana Fakultas Kesehatan Masyarakat Universitas Indonesia, Depok.
- [5] Andriani, Nydia. 2012. *Gambaran Manajemen Pelayanan Administrasi Pasien Rawat Inap di Instalasi Administrasi Pasien RSKO Jakarta Tahun 2011*. Skripsi. Program Sarjana Fakultas Kesehatan Masyarakat Universitas Indonesia, Depok.
- [6] Azwar, Azrul, 2010, *Pengantar Administrasi Kesehatan*, Edisi Ketiga, Jakarta: Binarupa Aksara.
- [7] Creswell, John. 2010. *Research Design: Pendekatan Kualitatif, Kuantitatif dan Mixed*. Cetakan I. Edisi Terjemahan. Yogyakarta: Pustaka Pelajar.
- [8] Depkes RI. 2008. *Keputusan Menteri Kesehatan Republik Indonesia No. 129 tahun 2008 mengenai Standar Pelayanan Minimal*.
- [9] Dewi, Gayatri. 2010 *Analisis Lama Waktu Tunggu Pelayanan Resep Pasien Pensiunan Pertamina di Apotek Rawat Jalan RS Pertamina Jaya Tahun 2010*. Skripsi. Program Sarjana Fakultas Kesehatan Masyarakat Universitas Indonesia, Depok.
- [10] Fahmi, Irham. 2011. *Manajemen Kinerja (Teori dan Aplikasi)*. Bandung: Alfabeta.
- [11] Goetsch, David L and Davis, Stanley B. 2002. *Pengantar Manajemen Mutu*. Jilid 2 (Edisi Bahasa Indonesia). Jakarta: PT Ikrar Mandiri Abadi.
- [12] Ilyas, Yaslis. 2011. *Perencanaan SDM Rumah Sakit (Teori, Metoda dan Formula)*. Cetakan Ketiga. Depok: FKMUI.
- [13] Massofa. *Kajian Ilmu Kebijakan dan Pengertian Kebijakan*. Diunduh pada tanggal 30 Juni 2012 pukul 10.30 WIB dari <http://massofa.wordpress.com/2008/11/13/kajian-ilmu-kebijakan> dan pengertian-kebijakan.
- [14] Mutiara, Putri. 1996. *Analisa Waktu yang diperlukan untuk penyelesaian administrasi pasien rawat inap yang akan pulang di rumah sakit Wadr Tangerang*, Tesis. Program studi kajian Administresi rumah sakit Universitas Indonesia, Depok.
- [15] Notoatmodjo, Soekidjo. 2009. *Pengembangan Sumber Daya Manusia*. Jakarta: Rineka Cipta.
- [16] Pahlevi, Wildan. 2009. *Analisis Pelayanan Pasien Rawat Inap di Unit Admisi RSUD Budhi Asih Jakarta Timur Tahun 2009*. Skripsi. Program Sarjana Fakultas Kesehatan Masyarakat Universitas Indonesia, Depok.
- [17] Puspitasari, Ayuning Tyas. 2011. *Analisis Waktu Tunggu Pelayanan Resep Pasien Umum di Depo Farmasi Rawat Jalan RS Karya Bhakti*

- Tahun 2011. Tesis. Program Studi Kajian Administrasi Rumah Sakit Universitas Indonesia, Depok.
- [18] Puspitasari, Ayuning Tyas. 2011. *Analisis Waktu Tunggu Pelayanan Resep Pasien Umum di Depo Farmasi Rawat Jalan RS Karya Bhakti Tahun 2011*. Tesis. Program Studi Kajian Administrasi Rumah Sakit Universitas Indonesia, Depok.
- [19] Rakhman Robbi. 2012. *Optimalisasi Pengendalian Bukti Transaksi di Unit Administrasi Rawat Inap*. Laporan Prakesmas. Program Vokasi Perumahsakitan Universitas Indonesia, Depok
- [20] Sugiyono. 2011. *Metode Penelitian Kombinasi (Mixed methods)*. Cetakan I. Bandung: Alfabeta.
- [21] Tjiptono, Fandy. 2001. *Strategi Pemasaran*. Edisi Pertama. Andi Offset. Yogyakarta.
- [22] Tom, Gail & Lucey, Scott. 1997. *The Journal of Psychology: A Field Study Investigating the Effect of Waiting Time on Customer Satisfaction*. ProQuest pg.655. Diunduh pada hari minggu tanggal 15 April 2012 pukul 22.33WIB.
- [23] Yulianthy. 2012. *Analisis Waktu Tunggu Pelayanan Resep Pasien Umum di Farmasi Unit Rawat Jalan Selatan Pelayanan Kesehatan Sint Carolus Tahun 2011*. Tesis. Program Studi Kajian Administrasi Rumah Sakit