

# Conceptual Model for Reducing Outpatient Care Waiting Times in Teaching Hospital in Indonesia

O. M. Firdaus<sup>1,3</sup>, T. M. A. A. Samadhi<sup>2</sup>

<sup>1</sup>Department of Industrial Engineering, Bandung Institute of Technology, Bandung, Indonesia

<sup>2</sup>Department of Industrial Engineering, Bandung Institute of Technology, Bandung, Indonesia

<sup>3</sup>Department of Industrial Engineering, Widyatama University, Bandung, Indonesia

([oktri.firdaus@gmail.com](mailto:oktri.firdaus@gmail.com); [asamadhi@mail.ti.itb.ac.id](mailto:asamadhi@mail.ti.itb.ac.id))

**Abstract** - The National Health Insurance Program (JKN) which became effective on January 1, 2014 raises issues of special concern for all parties involved. The main objective of this program is to make Indonesia JKN Universal Health Coverage by 2019 that will come. Classical problem that still continues until today in some hospitals and other health care is high wait time required by outpatients. This study tries to reveal what things are causing the patient waiting time is still high and give a positive recommendation for the improvement of health care systems in hospitals. This research was conducted at five (5) teaching hospitals in Indonesia. The main result of this study is a conceptual model that seeks to integrate all the data and information that support to reduce waiting time of outpatients. This conceptual model is an initial way in achieving improved quality of health services in Indonesia.

**Keywords** - outpatient, waiting time, teaching hospital, Indonesia

## I. INTRODUCTION

Embodiment of Universal Health Coverage (UHC) in Indonesia has started since January 1, 2014. This is realized with the implementation of the National Health Insurance System (JKN) throughout Indonesia. JKN good intentions of this program is to improve the health and quality of life in Indonesia in general and also to educate the general public about the importance of preventive patterns compared with curative pattern which has been embraced by the majority of people in Indonesia. JKN program applies to all citizens of Indonesia, which is the process of a merger between several health insurance providers such as Health Insurance, Social Security, ASABRI, JAMKESMAS and so forth. For every citizen who previously had been registered as an active member of several state insurance institutions will automatically become the JKN program participants, while not previously registered will be included membership into 2 (two) types where residents were able to make regular payments charged monthly, while the poor will be subsidized by the government.

The dream good government in realizing the Universal Health Coverage through the National Health Insurance System is certainly not as smooth as expected in the initial implementation period. Various problems start coming afloat, ranging from the technical to the many complaints health insurance participants with previous state agencies feel the decline in the quality of his servant. The problem

is no less important is the understanding of most people who have not been willing to follow the pattern of treatment gradually from Primary Clinic or PUSKESMAS, the new facility was referred to secondary and tertiary health services more. Though, they had been simply to direct access to secondary and tertiary health services without having to pass through the primary care first. But of the many problems that exist, the long waiting time for outpatients can be said to be a problem that needs to be addressed immediately.

Several previous studies have discussed the efforts to improve the service time at an outpatient facility in a hospital is quite numerous. One is a study that discussed the future improvements in hospital services, especially in outpatient facilities to the increasing amount of profits earned by the hospital, which ends advantages can be utilized to improve the quality of facilities and standardization of human resources [1]. Improvement of health care systems can also reduce the delay of medical treatment that may affect the safety of the soul quite fatal for patients particularly in the emergency unit [2]. Other studies have tried to focus more on the real conditions that occurred in the 12 OECD countries in particular related to service operations, where the presence of at least repair the operating system can save the state budget for the operation of services [3]. Future studies emphasize that the hospital should have been noticed in earnest repair waiting time perceived by the patient, especially for outpatients, this will affect the ability of a hospital to be able to compete with other hospitals that had already make improvements the waiting time [4]. Easier access and clear the emergency room as well as an improvement in the treatment of patients based on the sort order of priority can increase patient confidence numbers against the hospital concerned [5]. It is no less important further research has been carried out by standard measurements where carried out activities not only at the time of service of the country, but also in comparison with the conditions in other countries that are potential competitors, this is because if the citizens of a country more entrust their health care to health facilities other countries, indirectly reduced the income potential impact on the value of the total GDP of the country in question [6]. In connection with future studies, it should be the policy makers of health in a country for more aggressive preventive measures in order to improve the efficiency of the emergence of the disease state budget that can later be used as a cross-subsidy to support other programs that are

more useful and urgent [7]. At least we have conducted research on 13 major countries with better economic conditions that are relatively more stable than other countries. The results of this study at least shows how important the impact of the improvement of outpatient waiting times on the level of patient satisfaction in health care facilities [8]. Finally Australia as one of the most aggressive countries voiced the importance of health in the world give some recommendations, especially with regard to improving the quality of services to outpatients, one important point is the attempt to decrease the waiting time of patients [9]. Subsequent research is relatively new released in 2013 confirms that the continuous efforts to reduce the length of time patients, especially for outpatient services can impact the quality of life and the length of time each patient's healing, because the allegedly fast or slow time outpatient healing will be greatly influenced by the level of patient satisfaction and confidence is concerned at the health care facilities [10]. This study will focus on the discussion at the teaching hospital located in Indonesia alone .

## II. METHODOLOGY

The research methodology used in this study to design a conceptual model that aims to reduce the waiting time of patients in the outpatient service of a teaching hospital in Indonesia is a combination of literature review on previous studies that discuss similar issues, direct observations in the field, as well as in- depth interviews with some key persons. Direct observation carried out in the period June 2012 to January 2014. Outpatient services that serve as the object of research is a specialized outpatient services to serve patients as well as non - insurance for the upper middle segment. This is done on the grounds that the complaint rate for this type of service is still quite high numbers and have a direct impact on the level of public confidence in the middle and upper classes to teaching hospitals, whereas the middle and upper classes of society still choose outpatient services in private hospitals and clinics of private doctors other.

## III. RESULTS AND DISCUSSION

After a literature study, direct observation and in-depth interviews with some key persons then the next step is to design a conceptual model that aims to reduce outpatient waiting times and improve quality and patient satisfaction using the services at the hospital health education as described in Figure 1 below.

Figure 1 illustrates that the eventual outcome of this conceptual model is the waiting time of patients who did not simply be reduced in number but also the certainty of the long waiting times for patients and families of patients. With the certainty of the length of time to wait, there are some immediate benefits that can be obtained include the hospital management to estimate the number

of seats in the waiting area and spacious lounge area is also required for each clinic. In addition, with more details, the waiting time for outpatients can be useful in determining the maximum number of patients that can be served well by a physician within one day. The direct impact is the existence of information that can be used as a good educational tool for nurses who diagnose the patient's conduct before determining or estimating the type of disease suffered by the patient, is also beneficial for a doctor who will treat patients optimal time to prepare, so that caused a sense of satisfaction of patients and ultimately make the patient concerned to be loyal to the level of trust patients to doctors and hospitals as health care facilities be increased as well.

Speaking more details about the conceptual model generated in this study, at least there are some things that need to be prepared before it happen into an integrated information system. Those things are:

1. Medical Record electronics-based that inevitably must be implemented by all hospitals in Indonesia, both types of teaching hospitals and private hospitals as well as non - governmental hospital education. Electronic Medical Record Implementation in Indonesia was until recently still brings a wide range of opinions, especially relating to the legal aspects. Most people still doubt the power of legally the electronic medical record, in addition to the other problems that arise is still a high rate of resistance to change doctor habit with Paper-based medical records to electronic medical record. This relates to the assumption that most physicians with electronic medical record implementation, then there will be additional work that is an adaptation of the computer system is also adapting to the habit to open the widest information about the patient in the form of a clear and easily understood by other colleagues as a doctor with the field different but interrelated skills, nurse, midwife or pharmacist.
2. The mechanism of reward and punishment for physicians who play an active role to achieve improved quality of service to patients. With another meaning that to realize the need for a conceptual model of the active role of the physician to increase the professionalism and capability, so that medical treatment is performed by a physician in accordance with the prevailing international standards is also easier to measure the level of success. Rewards and punishments are clear, concise, and transparent will encourage physicians to truly improve the quality of medical treatment and also trying to slowly change the mindset that the doctor-patient relationship is no longer just a transactional relationship, but more than that is a mutual partnership relationship profitable.
3. Financial support from the hospital management and the government, especially with regard to the procurement of information technology that will support the realization of the conceptual model.

Without sufficient financial support and continuous, will be very difficult to realize our common dream lowers waiting time of outpatients and also provide information that is more valuable and meaningful about the length of time to wait for outpatients.

4. Rules that apply proportionally to all stakeholders. It means with the rules of the game are proportional then the stakeholders will be comfortable running this system, so the long-term expectation is the awareness of physicians for more focused work on one (1) hospital alone although the government still provides an opportunity to work at a maximum of 3 (three ) different places. This will directly impact on the focus and concentration of a doctor in any medical treatment. They will be more relaxed and enjoy without having to think about the load in 2 (two) other practice. This is certainly not independent of the urgency of the government's policy issued governing the distribution pattern of general practitioners, dentists and medical specialists that do not accumulate in the large cities of Java alone, but spread to all corners of Indonesia.
5. Standardize the quality of human resources involved in health care at teaching hospitals in Indonesia. With this standardization will be able to minimize the gap that appears between the hospitals with other hospitals in particular with regard to the length of time required to perform medical treatment on outpatient services tailored to the type and characteristics of each patient.

#### IV. CONCLUSION

The resulting conceptual model of this study is the first step to improve the quality of health services to the community, especially with regard to outpatient waiting times. This conceptual model needs to be followed by the meeting of all stakeholders, so that they can serve as a national project and can be used as a standard service for all types of hospitals are not limited to teaching hospitals and private hospitals or other primary health care services. Future studies should be able to realize the ideals of this conceptual model is to develop an integrated information system between medical records, the results of anamnesis, the competence of physicians who deal with patients, as well as the optimal capacity of outpatient care each day for each clinic in the hospital. Another thing that is not less important than efforts to reduce outpatient waiting time is to increase patient satisfaction with hospital services and of course an educational event the hospital how high the value of time for each person.

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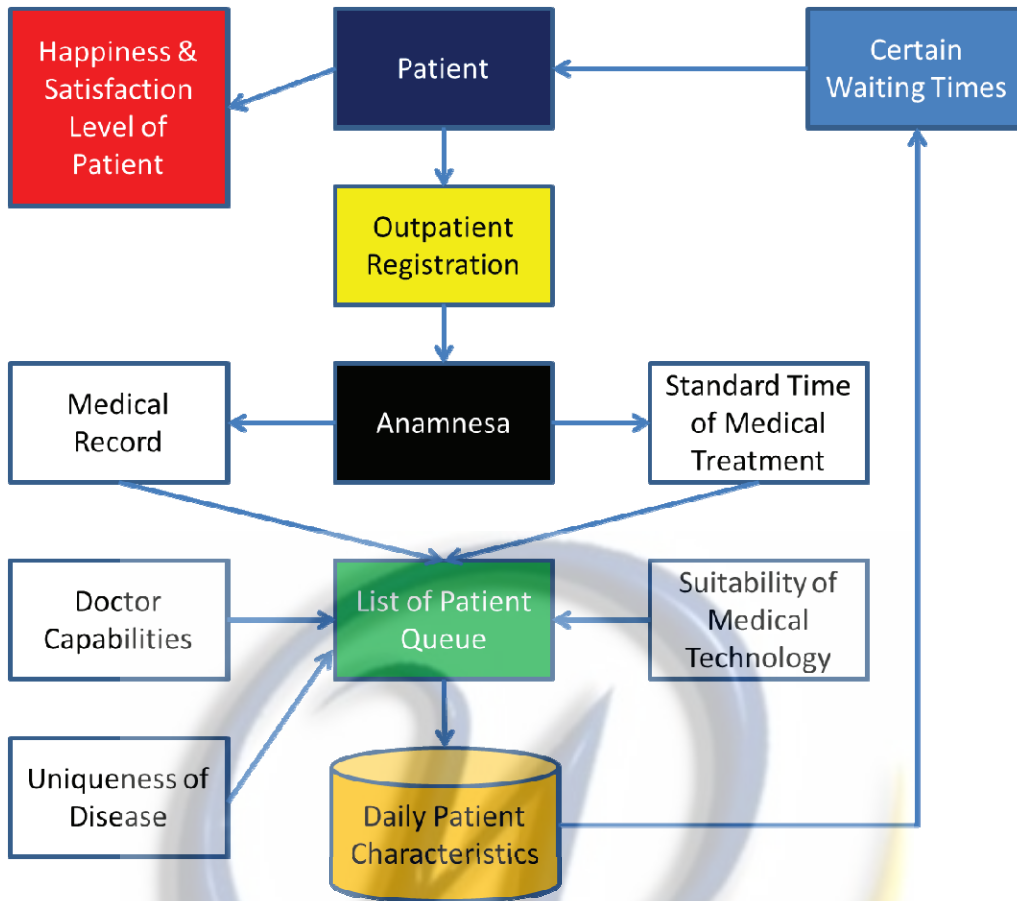


Fig. 1 Conceptual Model