

# IMPLEMENTATION OF WAITING TIME OF PHARMACY SERVICE FOR OUTPATIENTS AT PHARMACY INSTALLATION OF JOGJA HOSPITAL

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## Abstract

**Background.** *The waiting time of pharmacy service is a performance indicator of pharmacy service in hospitals as specified by the Ministry of Health of Indonesia in decree No. 129/MENKES/SK/II/2008 about Minimum Service Standard of Hospital. This study was aimed to identify the realization of the waiting time implementation of pharmacy service at Pharmacy Installation of Jogja Hospital compared to the targeted performance.*

**Method.** *This study used descriptive design. The secondary data was taken from programs of Pharmacy Installation. While primary data was taken from direct observation. Samples were consisted of 200 items of data of compound medicine and 200 of non compound medicine. Data was analysed using descriptive statistic to identify the implementation. While gap analysis method to find out the gap between the target and the realization of the implementation of waiting time of pharmacy service for outpatients.*

**Result.** *The result showed that the waiting time implementation of pharmacy service at Pharmacy Installation of Jogja Hospital for compound medicine service in average was 41 minutes 2 seconds. This finding was appropriate to the range of minimum service standard of hospital but was not appropriate to the range of waiting time targeted by Pharmacy Installation. The gap was negative 0.50% or the realization did not achieve the targeted waiting time. Meanwhile the waiting time implementation of non compound medicine service in average was 19 minutes 45 seconds. This finding was appropriate to the minimum service standard of hospital and targeted waiting time of Pharmacy Installation. The gap was positive 1.0% which meant that it had exceeded the target.*

**Conclusion.** *The waiting time implementation of pharmacy service for outpatients at Jogja Hospital had been in the range of hospital minimum service standard.*

**Keywords :** *waiting time, pharmacy service, outpatients, Jogja Hospital*

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## INTRODUCTION

Strategy implementation is the sum total of the activities and choices required for the execution of a strategic plan. It is the process by which objectives, strategies, and policies a process are put into action through the development of programs, budgets, and procedures. Although implementation is usually considered after strategy has been compound, implementation is a key part of strategic management. Strategy implementation involves establishing programs to create a series of organizational activities. The purpose of a program is to make a strategy action oriented. The evaluation of strategy implementation is a process that monitors activities and actual performance result can be compared with the standard (Hunger and Wheelen, 2006).

One of hospital problems is doing the balance between social function and commercial function. In one side, the hospital is the social institute that must give a good health service to the community. But in other side, hospital is also an institute that is identic to the capital, activity and people that needs profit so that the bussines can run well. Hospital is a place for several jobs to earn money. So that, the effort to earn profit in hospital must stand on the opinion that hospital is a social institute (Aditama, 2006).

Principally, hospital is not an institute that do the activity in the empty space. Because of that, globalization and decentralization will influence the hospital management. The decentralization policy in hospital will open the chance for company to enter the health service business while globalization factor will open the chance for foreigner to invest in hospital business. This condition will influence the hospital competency in Indonesia to get market (Trisnantoro, 2004).

In order to anticipate the changing of health service paradigm in hospital is from public and social health service into a commodity health service, that must be competitive and efficient. The Jogja hospital must be responsive to the aspiration and must

manage the hospital with the right strategy management. It is for fulfilling the demand to give good service in facing business competition.

Pharmacy installation as the only one pharmacy service in Jogja hospital is also demanded to be able in choosing the right strategy. So that it can improve the pharmacy service quality that can support the health service in hospital. Based on the Jogja Hospital director Number : 445/1.C/KPTS/I/2008 about the goal, vision, mission, and pharmacy installation program in Jogja hospital, the medicine development as the step that is needed to do the strategic plan in pharmacy installation is a part of pharmacy installation programs with the activity of monitoring the waiting time of medicine service. This is as a part of strategy to improve the pharmacy service quality (Anonymous, 2008a).

Waiting time of pharmacy service is a performance indicator of pharmacy service in hospitals as specified by the Ministry of Health of Indonesia in decree No. 129/MENKES/SK/II/2008 about Minimum Service Standard of Hospital. While the waiting time of medicine service is the performance indicator from pharmacy service in hospital (Anonymous, 2008b).

The study was aimed to identify the realization of the waiting time implementation of pharmacy service at Pharmacy Installation of Jogja Hospital compared to the targeted performance. From the result, it is expected for hospital can select the right step. So that the program performance as the strategic plan to improve the pharmacy service quality, that has been planned can reach the target that has been established. So it can support the health service in hospital that has high quality to win the business competition.

## RESEARCH METHODOLOGY

The study used descriptive design. The secondary data was taken from programs of Pharmacy Installation. While primary data was

taken from direct observation. So the implementation could be used to evaluate the measure actual performance. The result will be compared to the targeted performance that has been established by the pharmacy installation in Jogja hospital.

Based on the secondary data of pharmacy service development program, we did the direct observation to get primary data as the program implementation. The observation was about the waiting time measurement of pharmacy service for outpatients.

The measurement of service medicine waiting time was done by recording the time when patient gave the receipt to the pharmacist until patient received the medicine. The measurement of waiting time was done on August 2009 in pharmacy installation of Jogja hospital. This research samples consisted of 200 items of data of compound medicine and 200 of non compound medicine. The amount of data based on Roscoe who said the amount of data should be more than 30 and less than 500 (Sekaran, 2003).

Data was as analysed using descriptive statistic method to identify the implementation. In the analysis, the data of waiting time that was got calculated for mean of pharmacy service waiting time for outpatients both in compound medicine and the non compound medicine.

While the evaluation of performance program implementation was done by making the gap analysis. This gap analysis was purposed to find out the gap between the target and the realization of the pharmacy service for

outpatients. In the gap analysis, the calculation was started by calculating the percentage from the waiting time data that was in the time range that had been targeted compared to the whole of waiting time medicine service. Then the percentage result as the implementation describe of waiting time medicine service compared to the time percentage that had been targeted. Then the calculation will be presented into table and figure.

## RESULT AND DISCUSSION

The result showed, that the waiting time implementation of pharmacy service at Pharmacy Installation of Jogja Hospital, was appropriate to the range of minimum service standard of hospital. While gap analysis on waiting time medicine service, was appropriate to the range of waiting time targeted by Pharmacy Installation. Except the waiting time implementation of compound medicine service was not appropriate targeted waiting time of Pharmacy Installation.

The development of medicine service is a part of pharmacy installation program in Jogja Hospital which is done by monitoring the waiting time of pharmacy service for outpatients. The target of waiting time for compound medicine was 40 minutes and for non compound medicine was 20 minutes. Table 1 presents the measurement of waiting time pharmacy service for compound and non compound medicine from outpatient in pharmacy installation of Jogja Hospital.

**Table I. The Waiting Time of Pharmacy Service for outpatient in Jogja Hospital**

Service	Waiting Time (Average)	The Target of Waiting Time	Information
Compound medicine	41 minutes 2 second	40 minutes	The realization of average waiting time is more than the target for 1 minutes 2 second
Non compound medicine	19 minutes 45 second	20 minutes	The realization of average waiting time is less than the target for 15 second.

The time duration that has been established by pharmacy installation in Jogja Hospital is in the range of Minimum Standard of Hospital Service as specified by the Ministry of Health of Indonesia in decree No. 129/MENKES/SK/II/2008 which is less than 30 minutes for non compound medicine and less than 60 minutes for compound medicine (Anonymous, 2008b)

The comparison of waiting time that has been targeted and the realization of implementation of pharmacy waiting time in Jogja hospital and also the waiting time in minimum standard of hospital service can be seen through the Figure 1.

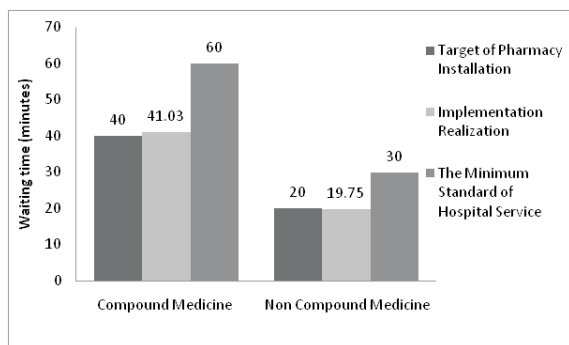


Figure 1. The Comparison Between the Target of Waiting Time, Realization, and Standard

45 second for non compound medicine. The waiting time of medicine service in minimum standard of hospital service is less than 60 minutes for compound medicine and 30 minutes for non compound medicine.

Thus, the implementation of pharmacy service waiting time for compound medicine was in the range of minimum standard of hospital service though that waiting time had not in the range that had been targeted by the pharmacy installation. While the implementation of waiting time medicine service for non compound medicine was in the range of minimum standard of hospital service though that waiting time had not in the range that has been targeted by pharmacy installation.

The gap analysis on waiting time medicine service was started by calculating the amount of waiting time data that was in the range that has been targeted. The waiting time that was in the range that had been targeted is 40 minutes or less than 40 minutes for compound medicine and 20 minutes or less than 20 minutes for non compound medicine. The target from pharmacy installation was 70% from the waiting time medicine service of outpatient was in the range that has been established. Table II presents the gap analysis of waiting time pharmacy service in Jogja Hospital

Table II. The Gap Analysis of Waiting time of pharmacy service for outpatient In Jogja Hospital

Service	Target		Realization			Gap	
	Time (minute)	%	Time (minute)	Amount	%	Amount	%
Compound medicine	40	70,00	≤ 40	139	69,50	1	- 0,50
Non compound medicine	20	70,00	≤ 20	142	71,00	2	+ 1,00

We found that the waiting time of medicine service that has been targeted by pharmacy installation in Jogja hospital is 40 minutes for compound medicine and 20 minutes for non compound medicine. While the realization of implementation of pharmacy service waiting time for outpatients is 41 minutes 2 second for compound medicine and 19 minutes

We found that waiting time pharmacy service for compound medicine is negative for 0.50% or the realization has not reached the waiting time that has been targeted. While the waiting time pharmacy service for compound medicine is positive for 1.00% or it has been more then the target.

Limitations of this study, the measurement of pharmacy service waiting time was done manually by recording the time service. While the data as analysed using descriptive statistic and gap analysis. The next study can used another methods to measure the waiting time of service, and Completely analysis of the data.

## CONCLUSION

The implementation of waiting time of pharmacy service for outpatients for compound medicine had been in the range of hospital service minimum standard but it had not been in the waiting time that was targeted by the pharmacy installation and there was negative gap. In other words the realization had not reached the waiting time that was targeted. While the time implementation of waiting time of pharmacy service for outpatients for non compound medicine had been in the range of hospital service minimum standard and also in the range of time that was targeted by the pharmacy installation. There was also positive gap or in other words it was exceed the target.

## REFERENCES

- Anonymous, (2008<sup>a</sup>) : *Evaluasi Kinerja Instansi Rumah Sakit Jogja Tahun 2007*, Rumah Sakit Jogja, Yogyakarta : 11
- Anonymous, (2008<sup>b</sup>) : *Standar Pelayanan Minimal Rumah Sakit*, Departemen Kesehatan RI, Direktorat Jenderal Pelayanan Kefarmasian dan Alat Kesehatan, Available on <http://kemenkes129.tahun2008-spm.rs.pdf>. accessed 10 Mei 2012
- Aditama, T.Y. (2006) : *Manajemen Administrasi Rumah Sakit*, Two Edition, Indonesia University Press, Jakarta : 19
- Hunger, J.D., Wheelen, T.L. (2006) : *Strategic Management and Business Policy*, Tenth Edition, Prentice Hall, New Jersey : 214-263
- Sekaran, U. (2003) : *Research Method for Business : A Skill-Buliding Approach*, Four Edition, John Willey and Sons, New York.
- Trisnantoro, L. (2004) : *Memahami Penggunaan Ilmu Ekonomi dalam Manajemen Rumah Sakit*, Gadjah Mada University Press : 4.

