

ANALYSIS OF OUTPATIENT REGISTRATION TIME ON PATIENT SATISFACTION IN INDRAMAYU DISTRICT HOSPITAL

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Abstract. This study aims to analyze the registration time of outpatients in the medical records department and its impact on patient satisfaction at the Indramayu District Hospital. The research method used in this study is a descriptive approach with a quantitative method. Data collection techniques include observation, interviews, questionnaires, and literature studies related to the core issues. The results of the study on the analysis of **outpatient registration** time and its effect on **patient satisfaction** at the Indramayu District Hospital show that the level of outpatient satisfaction is high, although several issues remain, such as: (1) Staff members often crowd together during medical record retrieval due to the narrow space between two racks. (2) There are frequent instances where medical records are difficult to locate. (3) Several patients still visit the storage area. The recommendations provided by the author to address the issues include: (1) The storage area should be reorganized to ensure staff do not have to crowd when searching for medical records. (2) Medical records staff should be encouraged to maintain the neatness of records to make them visually appealing and easier to locate, and the clinic should immediately return records, while inpatient departments must confirm if records are still needed in the inpatient area. (3) The entrance door to the storage area should always be closed, and the medical records staff should be firmer in enforcing the rule, as there is already a sign indicating that patients are prohibited from entering the storage area.

Keywords: *Outpatient Registration; Patient Satisfaction.*

Introduction

Health science, which is developing at an ever-increasing pace over time, will increase the progress of services in the health sector. Essentially, health development is one of the efforts of the Indonesian people to improve the highest level of health as the embodiment of general well-being in Indonesia's national goals. One of the main issues that supports the improvement of the quality of health services is hospitals. A hospital is a health service center that provides various treatment options.

In addition to hospitals, health care facilities and infrastructure include polyclinics, community health centers and other health facilities. Hospitals have the function and objectives of health service institutions that provide service activities in the form of outpatient services, inpatient services, emergency services and referral services including medical records and medical support services, and are used for the education, training and research of health personnel. According to the Decree of the Minister of Health of the Republic of Indonesia No. 983 of 1992, the role of community health centers is to carry out health efforts that are efficient and effective, harmonious and integrated with improvement and prevention efforts, as well as to carry out referral efforts. The function of the health center itself is to provide medical services, support services, nursing services, rehabilitation services and disease prevention services. Therefore, the community health center is a multi-productive, capital-intensive, labor-intensive and technology-intensive institution and therefore requires good management in its administration.

A hospital is an organization whose main objective is not to make a profit, but whose social function is paramount, namely to provide health services to the community in the form of care, examination, treatment, medical procedures and other diagnostic measures that each patient needs within the scope of the technical capabilities and facilities provided by the hospital.

Hospitals can be classified into two types of ownership and management, namely government hospitals and private hospitals. In this case, a government hospital is a hospital that is funded, maintained and supervised by the Ministry of Health and is operated on a social enterprise basis, while private hospitals are operated by a foundation or other private sector that is also generally based on social and economic objectives (profit-seeking).

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A hospital is a healthcare facility where staff with their respective specialties provide medical services to patients, and of course, the hospital is also an information source where the results of healthcare services are collected in a container, namely medical records.

Medical records are a part of a healthcare entity, namely hospitals and health centers. Medical records automatically play a very important role in the continuity and development of hospitals and health centers related to medical records, as they serve not only patients but there are many other things - things that must be done through medical records. Nowadays, the need for a medical records clerk is important to provide information that is useful to patients and healthcare facilities in general.

Medical records services are a part of a hospital. Medical records automatically play a very important role in the continuity and development of hospitals related to medical records. They serve not only to provide care to patients but there are still many things that must be done through medical records. Nowadays, the need for a medical records clerk is important to provide useful information to patients and healthcare facilities in general. Outpatient facility (IRJ) is a functional unit that handles the admission of patients to hospitals, both those who seek outpatient treatment and those who are in a treatment at home. Sick. Service delivery in the IRJ was initially done at the ticket counter managed by the outpatient medical records department. One dimension of health service quality is access to services, which is characterized by patient waiting time.

Patient waiting time in this case is the waiting time for outpatient medical records services, which is one of the important factors that determine the initial picture of hospital services. Patient waiting time is a component that can potentially lead to dissatisfaction. Patient satisfaction can be interpreted as an effort to fulfill or make something adequate. Tjiptono and Chandra. (2011: 195). According to Kotler (2003: 61), satisfaction is defined as the feeling of happiness or disappointment experienced by a person after comparing the perception of the performance or results of a product

with expectations. Patients will think that health care is poor and they will be dissatisfied if their illness does not improve, queues are long and health personnel are not friendly despite being professional.

Good and quality medical record services are reflected in friendly, fast and comfortable service. Outpatient medical record services start from the patient registration page to the receipt of medical record documents used to receive health services. Based on the standard, the time for providing medical records for outpatient services is 10 minutes and the time for providing medical records for inpatient services is 15 minutes. Ministry of Health of the Republic of Indonesia (2007).

Based on the observation results of Indramayu District Hospital, it is found that there are still outpatients who complain and are impatient when their queue number has not been called at the registration office, and there are still many patients who follow them to the warehouse where medical records are stored to inquire about the whereabouts of their medical records so that they can be promptly delivered to the outpatient clinic addressed by each patient. In connection with the above, the author is interested in researching this issue, which is why the author chose the title “**Analysis of Outpatient Registration Time on Patient Satisfaction in Indramayu District Hospital**”.

The main problem faced by the author in this final assignment is how to analyze the outpatient registration times in terms of patient satisfaction in Indramayu District Hospital.

Based on the above background and the results of fieldwork practices in Indramayu District Hospital, the author formulates a discussion as a basis for preparing a final assignment or diary as follows:

1. What are the outpatient registration times in Indramayu District Hospital?
2. What is the patient satisfaction in Indramayu District Hospital?
3. How does outpatient registration affect patient satisfaction in Indramayu District Hospital?
4. What are the problems encountered in analyzing outpatient registration on patient satisfaction in Indramayu District Hospital?
5. What efforts has Indramayu District Hospital made to solve this problem?

The general objective of this research is to find out how outpatient registration time affects patient satisfaction in Indramayu District Hospital.

Meanwhile, the specific objectives themselves are as follows:

1. To find out the outpatient registration in Indramayu District Hospital.
2. To find out the level of patient satisfaction in Indramayu District Hospital.
3. To determine the effect of outpatient registration on patient satisfaction in Indramayu District Hospital.

4. To find out the problems encountered in analyzing outpatient registration on patient satisfaction in Indramayu District Hospital.
5. To find out what efforts are made to overcome the problems encountered in analyzing outpatient registration on patient satisfaction in Indramayu District Hospital.

For the author, the purpose of writing these observations is to increase insights, experiences and knowledge especially regarding outpatient registration and its impact on outpatient satisfaction in Indramayu District Hospital.

For Indramayu District Hospital, this article can be used as input, consideration, improvement and encouragement for better service improvement especially regarding outpatient registration times in Indramayu District Hospital.

And for academics, it is hoped that the results of this report will bring benefits to them by enriching the theory and in return for providing learning material so that it is more focused on the actual situation in the field.

Basic Theory

A. Patient Registration Concept

1. Definition of Registration

According to the Director General of Medical Services (2011:22), registration is “the procedure for admitting patients who seek or are treated at the polyclinic, part of the hospital service procedure system”. Patient registration is part of the hospital service system, as it is the part that first receives patients and thus determines the first impression of the service to the patients. In patient registration, attention must be paid to how patients are admitted.

Patient registration can be done through direct and indirect registration. Direct registration means that the patient comes directly to the hospital and registers in the registration department. Usually, the patient is directly cared for in the emergency department by the doctor and family who have registered. Indirect means that the patient does not come to the hospital. If the patient in the emergency department is referred from another hospital, the hospital calls the participant in the destination hospital by first registering/inquiring whether a treatment room is free or not.

The collection of data on identification activities in the patient intake area can be done in several ways: direct interview of the source or other persons, completion of the prepared identification form by the data subject, other identity data collection can be done using a combination of interviews and filling out the form followed by an interview to confirm the content created and complete data

elements that may not have been filled in. With this step, the information obtained becomes more accurate.

2. Registration procedure

In order to be able to carry out a work so that it can be carried out well and the objectives of the work are achieved, one of the procedures for registering emergency patients is to carry out 24 hours a day at the patient registration point in the emergency department.

The procedure for registering patients in the emergency department is as follows according to Widodo (2010:598):

- a. The patient enters the emergency department
- b. Introduction to register with the administration (frontliner)
- c. The emergency department receives the patient status through medical records and red plastic folders
- d. Paramedics and triage doctors check the patient's condition
- e. Paramedics and doctors carry out the necessary measures according to the emergency SPM
- f. The doctor explains the measure to be carried out and is approved by the patient/family (informed consent).
- g. If the patient refuses an examination and/or a measure (medical, care, rehabilitation), the patient/family signs a refusal letter
- h. If the patient is unaccompanied and unconscious, the doctor or paramedic has the right to perform life-saving measures if there is a condition that threatens the patient's life
- i. If supportive examinations are required, the doctor conducts an introduction to the appropriate department and confirms this by phone, laboratory sampling is carried out in the emergency room, paramedics take the patient to radiology for an X-ray examination
- j. The doctor records the results of the accompanying medical examinations in the RM document and a copy is stored in the RM document
- k. The triage doctor records the examination, diagnosis and therapy results on the emergency sheet of the RM document and writes a

prescription (in red), if it is a police/criminal case, it is also noted on the post mortem et repertum sheet at the request of the police investigator

- I. The triage physician determines the patient's follow-up care, including outpatient, inpatient or referral.

3. Factors affecting registration services.

A service can be defined as an action or performance that provides benefit to a patient by bringing about desired changes in the person or on behalf of the recipient. So the service itself has its own value for the patient.

Christian Gronroos (2015:78) suggests that there are four factors affecting service quality, namely:

- a. Be attentive and make sure that patients feel that the existing staff and operating systems can solve their problems.
- b. Spontaneity, where officials show a desire to solve customer problems.
- c. To solve problems, officials who have direct contact with patients must be able to perform their duties based on existing standards, including the training provided to be able to provide better services.
- d. For repairs when undesirable things happen, there must be staff who can make a special effort

B. Definition of the Patient

A patient is someone who receives medical treatment. The word "patient" from Indonesian is analogous to the word "patient" from English. Patient is derived from the Latin word *patiens* which has the same meaning as the verb *pati* which means "to suffer". Meanwhile, according to the Big Indonesian Dictionary, a patient is a sick person (who is being treated by a doctor), a sufferer (sick).

According to the Minister of Health of the Republic of Indonesia Regulation No. 269/Menkes/Per/III/2008 concerning Medical Records Chapter 1, Article 1 states: "A patient is any person who consults about health problems in order to receive necessary health services either directly or indirectly from a doctor or dentist."

C. Type of the Patient

According to the General Director of Yanmed (2015:22), when patients come to the hospital, there are several categories of patients in patient admission, as follows:

1. Aspects of hospital services

In terms of hospital services, they can be divided into:

a. The patient is waiting

Patients who can wait are:

- 1) Patients who seek outpatient treatment and come by appointment
- 2) The coming patient is not in an emergency state
- 3) Patients who are immediately assisted (emergency patients)

b. Type of patient arrival

Meanwhile, according to the type of arrival, patients can be divided into:

- 1) New patients: are patients who come to the hospital for treatment for the first time.
- 2) Old patients: are patients who have come for treatment before.

2. Patient arrival

The patient's arrival can be because:

- a. Sent by a practicing physician outside the hospital
- b. Sent from other hospitals, health centers or other health facilities.
- c. Came on his own initiative.

D. Type of the Patient

Based on Law No. 44 of 2009, namely the Law on Articles 31 and 32 on the Rights and Duties of Patients, are as follows:

1. Patient Duties

Every patient has duties, namely:

- a. Every patient is responsible to the health center for the services he or she receives.
- b. Further provisions regarding patient duties are regulated by ministerial decrees.

2. Patient Rights

Every patient has the following rights:

- a. Learn about the rules and regulations applicable in the health center.
- b. Learn about the patient's rights and duties.
- c. Receive services that are humane, fair, honest and without discrimination.
- d. Receive quality health services in accordance with professional standards and standard operating procedures.
- e. Receive effective and efficient services so that patients avoid physical and material losses.
- f. File a complaint regarding the quality of the service received.
- g. Choose a doctor and treatment course according to your wishes and the regulations applicable in the health center.

- h. Request a consultation on the disease you are suffering from from another doctor who has a license to practice (SIP) inside or outside the community health center.
- i. Receive privacy and confidentiality of the disease you are suffering from, including medical data.
- j. Receive information on diagnosis and procedure of medical interventions, the purpose of medical interventions, alternative interventions, risks and complications that may arise and the prognosis for the interventions performed and the estimated cost of treatment.
- k. Give consent or refuse the measures that health personnel should take regarding the disease he is suffering from.
- l. Accompanied by his family in critical condition.
- m. Hold the religious service according to the religion or belief he belongs to, as long as it does not disturb other patients.
- n. Receive safety and protection during treatment at the health center.
- o. Submit suggestions, suggestions and improvements for the treatment of the health center.
- p. Refuse spiritual counseling services that are not consistent with one's religion and beliefs.
- q. File lawsuits and/or legal action against the Puskesmas if there is suspicion that the Puskesmas is providing services that do not meet standards, either civilly or criminally.
- r. Complain through print and electronic media about services provided by community health centers that do not meet service standards and comply with legal requirements.

E. Outpatient Concept

1. Definition of Outpatient.

Outpatient is a medical service provided to a patient for the purpose of observation, diagnosis, treatment, rehabilitation and other health services without the patient being hospitalized. The advantage is that patients do not have to pay overnight costs.

2. Outpatient Objectives.

The objective of outpatient services is to seek optimal healing and recovery of the patient through responsible procedures and actions (Hospital Service Standards). Outpatient installation is a health facility that carries out health efforts with approaches of maintenance, health improvement (promotional), disease prevention (preventive), disease cure (curative) and health restoration (rehabilitative). Therefore, the task of outpatient facilities in providing medical and health support services cannot be limited to the above

approach but to provide the best health services that have quite high contact staff and can ensure community satisfaction.

3. Complete the outpatient medical record.

According to Article 3 Paragraph (1) of the Minister of Health of the Republic of Indonesia No. 269/Menkes/Per/III/2008, this medical record for outpatient care for recommended health services must contain at least the following:

- a. Patient identity
- b. Date and time
- c. Anamnesis results include at least complaints and medical history
- d. Physical examination and medical care results
- e. Diagnosis
- f. Management plan
- g. Treatment and/or action
- h. Patient services
- i. For patients with dental diseases, a clinical odontogram is made
- j. Approval if necessary

F. Satisfactory Concept

1. Understanding satisfaction

Satisfaction is a Latin word, namely *satis*, which means enough or enough, and *facere*, which means to do or to do. Thus, products or services that can satisfy are products and services that are able to provide what consumers are looking for to a sufficient extent. Satisfaction is the result of the consumer's assessment that the product or service has provided a level of pleasure, where this level of fulfillment can be more or less. Handi Irawan (2017: 3).

Customer satisfaction is the performance of a good or service that at least meets expectations. Basically, the definition of customer satisfaction is the difference between expectations and perceived performance. Satisfied customers remain loyal longer, are less price sensitive, and make positive comments about all the company's services. Supranto (2015: 224).

According to Churchill & Surprenant, customer satisfaction can also be interpreted as the results of purchases and usage that result from comparisons of buyers or premiums and purchase costs with expected consequences. Operationally, satisfaction is similar to attitude, with the evaluation based on various attributes. Fandy Tjiptono & Gregorius Chandra. (2015: 96).

The patient satisfaction index according to the Minister of Administrative Reforms No. 63 of 2004 is the level of community satisfaction with the use of

services from organizers or service providers in line with community expectations and needs. Ratminto and Atik Septi Winarsih. (2015: 28).

2. Customer Satisfaction Model.

According to Schnaars (2015:32), the goal of a company is basically to obtain satisfied customers. Accordingly, various efforts have been made to develop a theoretical framework to explain the determinants, formation processes and consequences of customer satisfaction. (Yi, 2015:79). Broadly speaking, customer satisfaction research is based on three main theories: contrast theory, assimilation theory and assimilation-contrast theory (Chiou, 2015: 183).

a. Contrast theory

This theory assumes that consumers compare actual product performance with pre-purchase expectations. If actual performance is greater than or equal to expectations, the customer is satisfied. Conversely, if actual performance falls short of expectations, consumers are dissatisfied.

b. Assimilation theory

This theory states that post-purchase evaluation is a positive function of consumer pre-purchase expectations. Because the process of disconfirmation is psychologically unpleasant, consumption tends to conceptually distort the difference between expectations and performance toward the original expectations. In other words, deviations from expectations tend to be accepted by the affected consumer.

c. Assimilation – Contrast Theory

This theory states that the occurrence of assimilation effects or contrast effects is a function of the magnitude of the gap between expected performance and current performance. When the gap is large, consumers increase the gap so that the product is perceived as much better/worse than it actually is.

3. Factors affecting patient satisfaction

Tjiptono Sea (2012:45), patient satisfaction is determined by several factors, including:

a. Performance

The patient's opinion of the operational characteristics of the core services they receive greatly influences their perceived satisfaction. Expressions of this performance include: speed, convenience and comfort in the delivery of medical services by caregivers, especially in nursing, during relatively short recovery times, ease in meeting patient needs and the comfort provided, especially through attention to

cleanliness, friendliness and hospital amenities, etc. Record service times.

b. Additional features or privileges (features)

These are secondary or complementary characteristics of a service, for example: indoor and outdoor amenities such as television, air conditioning, sound system, etc.

c. Reliability

The extent to which there is little likelihood of you being dissatisfied with the services provided or not meeting expectations.

d. Conformance to specifications

The extent to which the service characteristics meet previously established standards. For example: safety and emission standards are met, such as in the case of medical equipment.

e. Durability

Related to the useful life of the product. This dimension includes the technical life and the economic life when using hospital equipment, for example: surgical equipment, transport equipment, etc.

f. Service Ability

Includes speed, competence and satisfactory complaint handling. The performance of the nursing staff enables a fast and highly competent handling of patient complaints at all times.

g. Aesthetics

It is the attraction of a hospital that can be perceived with all five senses, for example: the friendliness of the nursing staff, the complete and modern hospital equipment, the visual design including room and building decoration. The layout and decoration of a hospital determine the comfort of a hospital. Therefore, design and appearance must be included in the development of patient or consumer satisfaction strategies.

h. Perceived Quality

The image and reputation of the hospital as well as the mission of the hospital. Like what is the patient's impression of the hospital and the

hospital's responsibilities during the healing process, both from the patient's admission to his or her return home.

Meanwhile, according to Kottler & Armstrong, the factors that influence satisfaction are related to consumer behavior, namely cultural factors, social factors, personal factors and psychological factors.

a. Cultural factors

Cultural factors have the most comprehensive and profound influence on customer behavior. Cultural factors consist of several components, namely culture, subculture and social class. Culture is a fundamental factor of desires and behavior as it influences people's desires or satisfaction. Subculture consists of nationality, religion, group, race and geographical region. Meanwhile, a social class is a relatively homogeneous group that has a hierarchical structure and whose members have values, interests and behaviors.

b. Social factors

Social factors are divided into small groups, families, roles and status. People who influence their group/environment are usually people with characteristics, skills, knowledge and personality. This person is usually a role model because their influence is very large.

c. Personal factors

Personal factors are a person's decision to use services and respond to experiences according to their level of maturity. Personal factors of the client are influenced by age and life cycle stage, gender, education, employment, economic status, lifestyle and personality/self-concept. Age has chronological and intellectual dimensions, that is, it has a chronological dimension because it is a continuous progression and does not recur, while age develops with an intellectual dimension through education and training. Age is a sign of maturity/maturity of a person to decide for himself the actions he takes. With increasing age, the chances of diseases such as cardiovascular diseases may also increase. Education is a process of formal and informal teaching that a person undergoes. The results will influence the attitudes and behavior of a person as he matures. In addition, education also has something to do with hope. Someone with a high level of education expects better and better service. Someone who has to behave in determining the service he wants. The temporary marital status is believed to be related to lifestyle and personality.

d. Psychological factors

Psychological factors that play a role in satisfaction are motivation, perception, knowledge, beliefs and convictions. Motivation is closely related to needs. There are biological needs such as hunger and thirst, there are psychological needs namely recognition and esteem. Needs will be a motive to make someone strive for satisfaction. Sutojo (2003). Therefore, patient satisfaction is a response to patient needs regarding the characteristics of a quality product or service.

4. Main dimensions of patient satisfaction

According to Philip Kotler (2011: 227), service characteristics can be described as follows:

a. Tangible

Is the physical appearance such as the physical building, completeness of facilities, cleanliness of rooms and appearance of hospital staff that can be directly seen by patients in the hospital including:

- 1) Medical equipment as an assessment of the completeness of a hospital's equipment in terms of technology for delivering health services.
- 2) Patient assessment of the appearance of physical facilities (buildings) as the place of daily activities of the hospital.
- 3) Patient assessment of the appearance of hospital staff.
- 4) Patient assessment of the completeness of the hospital's equipment in terms of supporting facilities, supporting tools and implicit services for patients to avail services.

b. Reliability

This is the ability of hospital staff to perform appointments reliably and accurately, taking into account:

- 1) Patient assessment of the appropriateness of the services provided based on the information provided.
- 2) Patient assessment of the hospital's attentiveness to the patient themselves.
- 3) Patient assessment of the hospital's ability to provide health care services.
- 4) Patient assessment of the timeliness of service delivery.
- 5) Assessment of the accuracy of hospital staff in recording or managing patient records.

c. Responsiveness

It is the staff member's ability to respond and do something to the patient's requests and needs. It includes the following things:

- 1) Patient assessment of the hospital's ability to provide accurate information on treatment times.
- 2) Patient assessment of the hospital staff's ability to provide adequate and prompt services.
- 3) Patient assessment of the hospital staff's willingness to provide the services required by the patient.
- 4) Patient assessment of the hospital staff's willingness to respond to patient requests

d. Assurance

It is the knowledge and friendliness of the hospital staff that can create patients' trust in the hospital, which includes the following things:

- 1) Patient assessment of the hospital staff's ability to perform.
- 2) Patient assessment of the hospital staff's sense of security in providing services.
- 3) Patient assessment of the hospital staff's patience and friendliness in providing services.
- 4) Patient assessment of the support provided by the hospital in the performance of hospital staff duties.

e. Empathy

It is the availability of the hospital to care, provide personalized attention to its patients and provide comfort, including the following:

- 1) Patient assessment of the attentiveness of the hospital staff
- 2) Patient assessment of the care provided by the hospital staff in relation to the patient's needs.
- 3) Patient assessment of the hospital staff's understanding of the patient's needs or feelings.
- 4) The patient's assessment of the seriousness with which the hospital takes his interests.
- 5) Patient assessment of the suitability of the service times for the services provided by the hospital.

The differences in characteristics between products and services are as follows:

- a. Products are something tangible (physically visible) while services are intangible.
- b. In products, there is a time gap between the production, delivery and consumption processes while in services, these three processes occur simultaneously.

- c. Customers are not involved in the production process of a product whereas in services, the production process directly involves customers.
- d. Products have inventory but services do not.
- e. Products require physical distribution channels while services are non-physical.

Customer satisfaction itself is the extent to which product performance meets customer expectations. If product performance is below customer expectations, the customer is dissatisfied. However, if performance meets or exceeds expectations, customers are satisfied and happy.

G. Hospital Concept

1. Definition of Hospital

Increasing the level of optimal health for the entire community must be accompanied by improving the quality of health services. Improving health must be accompanied by appropriate supporting facilities. One of these supporting facilities is health care provided by hospitals. Definitions of hospitals suggested by experts include :

According to the Law of the Republic of Indonesia No. 44 of 2009 on Hospitals, "Hospitals are health facilities for the community with their own characteristics that are influenced by developments in health science, technological advances and the socio-economic life of the community and must continue to be able to improve higher quality and affordable services to the community in order to achieve the highest level of health."

According to the American Hospital Association (Azwar, 2014: 82)

"A hospital is an organization that provides medical services, continuous care, diagnosis and treatment of patients' diseases through organized professional medical personnel and permanent medical facilities."

According to the Minister of Health Regulation No. 1045/Menkes/Per/XI/2006 on Hospitals in the Ministry of Health,

"A hospital is an individual health service facility that provides inpatient and outpatient care and provides short and long-term health services consisting of observation, diagnosis, therapy and Rehabilitation, for people with illnesses, injuries and births. which organizes health care activities and can be used for health personnel and research."

2. Duties and Functions of Hospital

Duties and functions of hospitals according to Law No. 1 of the Republic of Indonesia. 44 of 2009 Article 4 are:

- a. Hospital Duties. Hospitals are tasked with providing comprehensive individual health services.

- b. Hospital Functions. State hospitals must fulfill their social duties by providing facilities for the treatment of underprivileged or disadvantaged patients with at least 75 percent of the available bed capacity and in the case of private hospitals, 25 percent of the available bed capacity.

The service functions that must be provided by hospitals and there are four functions in the provision of these services, namely:

- a. Patient service function.
- b. Community service in the form of cooperation with parties outside the hospital, which usually takes the form of preventive, promotional and rehabilitative measures.
- c. Education, especially for large hospitals that function as places of education and research.
- d. Information services. These four patient service functions are the mission of a hospital to improve the quality of healing/recovery services in a timely and timely manner.

Methodology

Sugiyono (2017: 2) states that “research methods are basically a scientific way of obtaining data for specific purposes and uses.”

The method used by the author in the research is a quantitative research method with a descriptive approach.

According to Notoatmodjo (2010: 138), descriptive research is “a research method conducted with the main aim of producing an objective picture or description of the situation.”

According to Sugiyono (2017: 8), quantitative research is a research method based on the philosophy of positivism and is used to research specific populations or samples, collect data using research instruments, and perform quantitative/statistical data analysis with the aim of testing predetermined hypotheses.

In this study, there are two variables, namely, waiting time for outpatient registration as an independent variable and patient satisfaction as a dependent variable.

Patient registration is the time taken by patients to receive outpatient and inpatient services from the moment the patient arrives at the patient registration place until they enter the doctor's examination room. Indonesian Ministry of Health (2017: 155).

Patient satisfaction is the performance of a good or service that at least meets expectations. Basically, the definition of customer satisfaction is the difference between expectations and perceived performance. Satisfied customers remain loyal

longer, are less price sensitive and give good comments on all services provided by the company. Supranto (2011: 224).

Results and Discussion

According to Sugiyono (2018:90), population is a generalized area consisting of objects/subjects that have certain qualities and characteristics determined by research to be studied and conclusions drawn from it.

Based on the above definition, it can be stated that population represents the entire research object, both in terms of their number and characteristics in a general area. The population of this study consisted of patients who received outpatient treatment at Ujung Berung District Hospital and were admitted when the author conducted PKL (Field Work Practice), with an average number of 360 patients per day.

Meanwhile, the sample is part of the number and characteristics of the population. When the population is large and it is impossible for researchers to study everything in the population, for example due to limited data, energy and time, samples from the population can be used for research. Sugiyono (2019: 118).

The sampling technique used is probability sampling, which is a sampling technique that gives each element of the population an equal chance of becoming a member of the sample.

The part of probability sampling used is simple random sampling, which is randomly taking sample members from the population without paying attention to the strata in the population. This method is used when the population is considered homogeneous. Sugiyono. (2019: 120).

To determine the sample according to Arikunto (2012: 107), if there are less than 100 subjects, it is better to take all of them, whereas if there are more than 100 subjects, a sample between 10 and 15% or 20% can be taken. Therefore, the researchers took a sample size of 10% of the total population (360 patients), namely 36 patients/respondents.

The data collection techniques that the author used in completing this final assignment are:

1. Observation. According to Sutrisno Hadi (2012: 87), observation is a complex process, a process that is composed of various biological and psychological processes. Two of the most important are the processes of observation and memory. Sugiyono (2019: 203).

2. Interview. This is a data collection technique when the researcher wants to conduct a preliminary study to find problems that need to be researched and also when the researcher wants to get more in-depth information about the respondents and the number of respondents is small. Sugiyono (2019: 194).
3. Questionnaire (Questionnaire). This is a data collection technique in which a series of questions or author statements are presented to the respondents to answer. Sugiyono (2019: 199).
4. Literature study. Namely, collecting data by searching and making notes from academic books, documents, and other materials related to the title of the report. This is a source that does not directly provide data to data collectors. Sugiyono (2019: 193).

In this study, there is two test for data processing techniques :

- a. Validity Test. According to Sugiyono (2019:43), validity testing is a test step performed on the contents of an instrument with the aim of measuring the accuracy of the instrument used in a study.
- b. Reliability Test. According to Sugiyono (2015:742) in Suharto (2019:529), reliability is a set of measurements or a set of measuring instruments that are consistent when the measurements taken with the measuring instrument are performed repeatedly. When testing reliability, an internal consistency test is used using the Cronbach's alpha formula.

Conclusion [Bold – Align Text Left - 12] [Other texts – 11]

Based on the research of the data obtained, the following conclusion can be drawn:

- a. That the outpatient registration time at Indramayu District Hospital for old patients is 13 minutes and 22 seconds on average, which is higher than the standard time set by the Ministry of Health, namely 10 minutes from the time the patient arrives at the registration place until the medical record reaches the doctor's examination room. But for new patients, it is fast because it only takes 1 minute and 53 seconds on average.
- b. The overall patient satisfaction is at a high level, namely 825. This is shown by the fact that 45% of patients agree with the highest value in the loyalty dimension and the lowest value in the internal response dimension, and 9% of patients disagree.
- c. The problems of outpatient registration time for patient satisfaction in Indramayu Regency Regional Hospital include: When retrieving medical records from the storage area, officers often jostle among each other because the distance between two shelves facing each other is relatively small. There are often medical records that are difficult to find or search.

- d. Indramayu District Hospital has not made any efforts to solve the problem of outpatient registration times, but the author has made several suggestions below to solve this problem.

There are several suggestions that the author will make to Indramayu District Hospital:

- a. To solve the problem of limited space, the storage area should redesign the existing space so that staff do not have to jostle when searching for medical records.
- b. When there are problems with hard-to-find records, medical records staff should be encouraged to keep the records neat at all times so that they look visually appealing and are also easy to search. In addition, the department of the polyclinic must return the files promptly or inpatients must provide confirmation whether the files are still needed in the inpatient room.
- c. It is best to appoint one or more officers at the storage location to handle the distribution so that there is someone in charge of sending the files. This can be done on an individual schedule.
- d. For the problem of patients who frequently visit the storage area, it is best that the entrance to the storage area/warehouse is always closed and the medical records officer must be more strict because there is a sign in front of the storage area saying "Patients are prohibited from entering."

References [Bold – Align Text Left - 12][Other texts – 11]

Keputusan Menteri Kesehatan Republik Indonesia No.340/MENKES/PER/III/2010, Tentang Rumah Sakit.

Keputusan Menteri Kesehatan Republik Indonesia No.377/MENKES/SK/2007, Tentang Ruang Lingkup Rekam Medis.

Keputusan Menteri Kesehatan Republik Indonesia No.377/MENKES/SK/X/2004, Tentang Persyaratan Kesehatan Lingkungan Rumah Sakit.

Permenkes No.269/MENKES/PER/III/2008, Tentang Rekam Medis.

Permenkes Republik Indonesia No.156b/MENKES/PER/1998 Wijono, (2015), Tentang Fungsi Rumah Sakit.

Permenkes Republik Indonesia No.986/MENKES/PER/II/1992, Tentang Pelayanan Rumah Sakit

Budiono, (2015), kamus besar bahasa indonesia, karya agung, surabaya.

Departemen Kesehatan Direktorat Jendral Bina Pelayanan Medik Republik Indonesia, (2016), Pedoman Penyelenggaraan Dan Prodsedur Rekam Medis Rumah Sakit Revisi II, Depkes, Jakarta

- Hatta, Gemala R, (2016), Pedoman Manajemen Informasi Kesehatan Di Sarana Pelayanan Kesehatan, Universitas Jakarta (UI-Press), Jakarta.
- Notoatmojo, Soekidjo, (2016), Edisi Ke 2, Metodologi Penelitian Kesehatan, Rineka Cipta, Jakarta
- Streeters, Richard M, (2015), Efektivitas Organisasi, Erlangga, Jakarta.
- Sugiono, Martoyo, (2015), Metode Penelitian Kuantitatif Kualitatif R&D, Alfabeta, Bandung.